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**TITLE OF THE STUDY – Letter of Information**

**Seneca**

**Insert Department/School/Program**

**Date**

Our names are insert names. We are fourth-year students in the [insert name of program] program at Seneca. **If you are a student, include the following sentence:** As part of our course requirements, we are undertaking a small-scale research study under the supervision of Professor insert name of supervisor. The study is calledinsert title of study. The purpose of the study is to insert short description of topic and purpose of study. As a insert participant criteria group such as student, consumer, pilot, etc., you are invited to participate in this research study. Please read this letter and decide whether you would like to participate in this project.

If you choose to participate, you will be required to complete a survey. This should take about insert number of minutes minutes. The information you provide will be confidential. You will be asked **not** to include your name in your answers. Your name is on the consent form and the consent form and the survey will be linked with an alpha-numeric code. The master list of names and alpha-numeric codes will be kept in a separate secure computer file. The consent forms and hard copies of surveys will be kept in a locked box where they will only be accessible to the researchers. Secure electronic data files of transcribed survey answers will be kept on one of the researcher’s computers. Hard copies will be shredded and electronic copies will be deleted upon the completion of the study by insert date unless the study is published, in which case de-identified electronic data will be kept indefinitely.

Study findings will be based on the entire group of participants and not on individual participants. The findings of the study will be viewed by our faculty supervisor, insert name, and may be discussed in a classroom, at a conference presentation or published. However, the report of the findings will not include any identifiable information about you. You may obtain a copy of the summary of our findings after the study is complete if you indicate your email address on the consent form.

Participation is completely voluntary and you may withdraw your consent while you are completing the survey by telling/emailing the researcher that you would like to withdraw or If you wish to withdraw during the study, simply do not return the completed survey via email. You also may decline to answer any specific questions without withdrawing from the study by leaving the questions blank. If you decide later that you would like to withdraw, please contact one of the researchers at the email addresses given below by <insert date>. If you choose to withdraw, all information you have given will be destroyed within 24 hours. Please note that you can no longer withdraw from the study once the study has been submitted as the course assignment (or revise if the final withdrawal date is earlier than the assignment submission date).

There are no known risks or insert statement of risks and mitigation plan to participating in this study. The benefits from this study are insert statement of benefits, which may be benefits to the participants or to the broader society.

This research study has been reviewed and received clearance through the Seneca Research Ethics Board. If you have any questions about this process or about your rights as a participant in the study, contact Seneca’s Research Ethics Board at [REB@senecacollege.ca](mailto:REB@senecacollege.ca). If you have any other questions about this study or about your participation, feel free to contact our faculty supervisor, insert name and contact information.

If you agree to participate in this study, you may complete the attached consent form and obtain a survey from the researcher.

Sincerely,

**Researchers**

Insert names and email addresses

Seneca

If student researchers, please include contact information of your faculty supervisor

**Faculty Supervisor:**

Insert Name and Contact information

**Consent and Signatures**

I have received a copy of the Letter of Information for the research project entitled **[Insert Title]**, I have had an opportunity to read the information provided and any questions that I may have had have been answered to my satisfaction.

I consent to participate in this research project with the understanding that confidentiality will be maintained and that I may withdraw at any time using the means outlined in the letter of information. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address [for results if you want them]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_