

[Ontario Shores or Abilities Centre Logo]

(If this is a multi-centre research study, put logos of all the institutions here)

SAMPLE PHOTOGRAPHY/AUDIO/VIDEO CONSENT FORM FOR RESEARCH PURPOSES

If your study includes photography/audio or video recording, please note that participants must consent to:

- 1) Participate in the research (develop a separate consent form for participation in the research study)
- 2) Audio or video recording or photography procedures.

CONSENT TO PHOTOGRAPHY OR AUDIO/ VIDEO RECORDING & TRANSCRIPTION

(STUDY NAME)

(PRINCIPAL INVESTIGATOR'S NAME, INSTITUTIONAL AFFILIATION & CONTACT INFORMATION)

(SPONSOR NAME AND/OR FUNDING SOURCE IF APPLICABLE & CONTACT INFORMATION)

This study involves photography/audio/video recording (strike out that is not applicable) of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio or audio/video recording or the transcript. Only the research team, sponsor (name of the person), research ethics board members, legal authorities or Health Canada regulators will have access and be able to listen and/or view the recordings.

The tapes will be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or publications that result from this study. Neither your name nor any other identifying information (such as your voice or picture) will be used in presentations or publications resulting from the study.

If you have any questions about the study, you may contact the Principal Investigator at (Phone Number)

If you have any questions, comments or concerns resulting from your participation in this study, you may contact [insert current chair name], Chair, Joint Research Ethics Board at [insert current chair phone #].

By signing this form, I am allowing the researcher to photograph/audio or video tape me as part of this research study. I understand that I have the right to request access and inspect or view the photographs/audio/video recordings or transcripts in the finished form. I am aware that I may withdraw this consent at any time without penalty, at which point, the photograph/audio/videotape will be securely destroyed immediately. I also understand that this consent for recording is effective until the

following date: (Day/Month/Year). On or before that date, the photograph/tapes will be securely destroyed.

Participant's Name: _____ Signature: _____ Date:(MMM/DD/YYYY)

Person obtaining the consent:

Name: _____ Signature: _____ Date:(MMM/DD/YYYY)

Witness's Name: _____ Signature: _____ Date :(MMM/DD/YYYY)

Note: In most situations, separate consent forms are required for participation in research (main consent) and consent for photography/audio/video recording. In addition, the information about photography/audio/video recordings must also be disclosed in the main consent form under "Research Procedures". In some cases, if appropriate, REB after reviewing the protocol may ask the PI to combine the two forms into one.