Appendix C

SAMPLE INFORMATION SHEETS AND CONSENT FORMS

NOTE: These are intended as examples only and not as templates.

SAMPLE INFORMATION SHEET A (on University letterhead)

Participant Information Sheet for a Study of Household Tasks

Researcher: Mary Jones: School of __________________, Victoria University of Wellington

I am a Masters student in .......... at Victoria University of Wellington. As part of this degree I am undertaking a research project leading to a thesis. The project I am undertaking is examining the tasks and roles of men and women in the household. The University requires that ethics approval be obtained for research involving human participants.

I am inviting men and women living in partnerships, with or without children, to participate in this study. Participants will be asked to complete a diary over seven days by making a tick on a response sheet against activities they perform in the household. After the seven-day period when diaries are collected, participants will be asked to complete a short questionnaire.

It is very important for participants to fill out their diaries daily rather than waiting until the end of the week. It is envisaged that the questionnaire will take about a quarter of an hour to complete and may be completed in your own time and returned to me personally or via the post. Stamped addressed envelopes will be supplied.

Should any participants feel the need to withdraw from the project, they may do so without question at any time before the data is analysed. Just let me know at the time.

Responses collected will form the basis of my research project and will be put into a written report on an anonymous basis. It will not be possible for you to be identified personally. Only grouped responses will be presented in this report. All material collected will be kept confidential. No other person besides me and my supervisor, Dr Joan Brown, will see the diaries or questionnaires. The thesis will be submitted for marking to the School of ............ and deposited in the University Library. It is intended that one or more articles will be submitted for publication in scholarly journals. Diaries and questionnaires will be destroyed two years after the end of the project.

If you have any questions or would like to receive further information about the project, please contact me at .................. or my supervisor, Dr Joan Brown, at the School of ................. at Victoria University, P O Box 600, Wellington, phone ......

Mary Jones

Signed:
SAMPLE INFORMATION SHEET B (on University letterhead)

Information Sheet for a Study of Breath Alcohol Measurements

Researcher: John Smith, School of ____________, Victoria University of Wellington

This study is designed to determine the accuracy of modified breath testing devices in providing estimates of breath alcohol when less than the full sample of air is provided. The information will be used to determine the reliability of measures obtained in this way during roadside surveys. The University requires that ethics approval be obtained for research projects involving human participants.

If you volunteer to participate you will be given beer to drink and then asked to provide various breath samples at 5-, 10- and 15-minute intervals after each drink or two drinks you have during the testing session. In this study we would like to determine the accuracy of the devices over a range of breath alcohol levels ranging from 120 g /L of breath to 600 g /L of breath but not all drinkers are expected to provide data at each level. Any drinker who feels uncomfortable drinking any more should not continue to drink. As a participant you should not drink any more than the amount you would normally consume on a social drinking occasion.

The whole testing session will take about 90 minutes. You will be provided with transport home at the conclusion of the study.

Participation is voluntary and all research findings reported will be on an anonymous basis and will thus not be associated with the names of participants. There is no penalty for not participating or for withdrawing from participation at any stage. If you would like to take part please check that you do not meet any of the exclusion criteria listed below and then contact the Human Resources Manager, Mary Smith (contact phone number etc.). The results of the study will be published in a report to the Ministry of Transport and in academic journals.

Exclusion Criteria

For your protection we must not allow you to participate if any of the following may be true:

- You have an alcohol-related problem.
- You have been told not to drink alcohol.
- You are currently taking medication for which you have been advised not to drink alcohol.
- There is a chance you may be pregnant.
- You have taken any cold medicine in the 24 hours prior to testing.
- You have been told you have an allergy to alcohol, experience what is sometimes called an alcohol flush in which your face gets red and you feel warm.
- You have never had alcohol before.
- You must drive or operate machinery within 24 hours of the testing session.

This study is being carried out by a team of researchers from the School of ..........., Victoria University of Wellington. If you have any questions or would like to receive further information about the project, please contact Professor Fred Jones, Head of the School of ..........., Victoria University of Wellington, P O Box 600, Wellington, phone ...

John Smith

Signed:
SAMPLE CONSENT FORM A

VICTORIA UNIVERSITY OF WELLINGTON

CONSENT TO PARTICIPATION IN RESEARCH

Title of project:
I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and have them answered to my satisfaction. I understand that I may withdraw myself (or any information I have provided) from this project (before data collection and analysis is complete) without having to give reasons or without penalty of any sort.

(It may be appropriate to add one or more paragraphs such as)
I understand that any information I provide will be kept confidential to the researcher, the supervisor and the person who transcribes the tape recordings of our interview, the published results will not use my name, and that no opinions will be attributed to me in any way that will identify me. I understand that the tape recording of interviews will be electronically wiped at the end of the project unless I indicate that I would like them returned to me.

(OR for a series of points to be made, such as)
- I consent to information or opinions which I have given being attributed to me in any reports on this research
- I would like the tape recordings of my interview returned to me at the conclusion of the project.
- I understand that I will have an opportunity to check the transcripts of the interview before publication.
- (only where appropriate) I understand that the University retains insurance cover against claims relating to harm, loss or damage suffered by participants in research projects as a result of any negligent act, error or omission by or on behalf of the University.
- I understand that the data I provide will not be used for any other purpose or released to others without my written consent.
- I would like to receive a summary of the results of this research when it is completed.
- I agree to take part in this research
  [or I agree that ______________________, who is under my guardianship, may take part in this research]

Signed:

Name of participant

(Please print clearly) Date:
SAMPLE CONSENT FORM B

School of Biological Sciences

Memorandum to: Class Members

From: Head of School

Re: Informed Consent

You are invited to give your consent to taking part in laboratory work involving yourself as a human subject.

The medial aspect of your arm will be lightly scratched using the back of a scalpel blade or hypodermic needle. Drops of various allergen extracts will be applied to the scratches and the effects observed.

Medical staff will be in attendance. Anyone with a history of strong allergic response should make this known in advance. If the resultant weal and flare reaction in the skin is irritating a topical treatment will be applied to the skin.

You are under no obligation to take part and can simply observe the experiment. There will be no penalty for not taking part although you must write up the class results.

Please sign this letter below.

I have read this letter and understood its terms. I am willing to take part in this laboratory and allow the described tests to be carried out on me.

Signature: .................................................... Date: ......................