

Consent Form Checklist

Please complete the following Consent Form Checklist by circling the answer that best suits. The following list is to ensure that all of the necessary elements of a Consent Form(s) have been addressed. If you circle "No" or "N/A" for any of the items listed below please provide brief explanation in the area at the bottom of the page.

- | | | | |
|--|-----|----|-----|
| 1. The University of Winnipeg's letterhead is used | Yes | No | N/A |
| 2. Identity of the researcher and contact information | Yes | No | N/A |
| 3. Research topic/question, nature of participation, duration, and research procedures | Yes | No | N/A |
| 4. Risks and benefits of participation | Yes | No | N/A |
| 5. State how feedback is provided to the participants | Yes | No | N/A |
| 6. Anonymity | Yes | No | N/A |
| 7. Confidentiality | Yes | No | N/A |
| 8. Point of withdrawal and refusal to answer questions | Yes | No | N/A |

For example, "Participants may refuse to answer any question(s) and may withdraw at any time before *publication* without consequence."

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|--|-----|----|-----|
| 9. Data storage, length of retention, and method of disposal | Yes | No | N/A |
| 10. UHREB contact information:
University Human Research Ethics Board
(#204-786-9058 or ethics@uwinnipeg.ca) | Yes | No | N/A |
| 11. Department of Psychology Ethics Chair contact information:
Hinton Bradbury (#204-786-9145 or h.bradbury@uwinnipeg.ca) | Yes | No | N/A |
| 12. Copy of the consent form provided to all participants | Yes | No | N/A |

Researcher Comments:

PSYCHOLOGY DEPARTMENTAL ETHICS COMMITTEE REVIEW

Reviewer # 1

Review (Check all that apply)

- I have reviewed this submission to ensure completeness.
- This submission appears to comply with *Policies and Procedures*, the Tri-Council Policy, and relevant disciplinary ethics guidelines.
- All relevant ethical issues appear to have been addressed in this submission.
- I recommend the following conditions of approval (regarding methods, monitoring, reporting, and/or ongoing review):

Approval Recommendations *Note: Unless otherwise recommended above, approval is in effect for one year only.*

- I **approve** of the procedures proposed in this submission (subject to any conditions listed above).
- I **do not approve** of the procedures proposed in this submission.

Type of Review Recommended

- The investigator has requested Departmental Review, and I **recommend Departmental Review**.
- The investigator has requested Departmental Review, but I **do not recommend Departmental Review**.
- The investigator has requested Expedited Review, and I **recommend Expedited Review**.
- The investigator has requested Expedited Review, but I **do not recommend Expedited Review**.
- I **recommend Full Review**.

Additional Comments (optional)

Print/type name Departmental Ethics Committee Member:	Department:
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Signature of Departmental Ethics Committee Member:	Date:
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PSYCHOLOGY DEPARTMENTAL ETHICS COMMITTEE REVIEW

Reviewer # 2

Review (Check all that apply)	
<input type="checkbox"/> I have reviewed this submission to ensure completeness.	
<input type="checkbox"/> This submission appears to comply with <i>Policies and Procedures</i> , the Tri-Council Policy, and relevant disciplinary ethics guidelines.	
<input type="checkbox"/> All relevant ethical issues appear to have been addressed in this submission.	
<input type="checkbox"/> I recommend the following conditions of approval (regarding methods, monitoring, reporting, and/or ongoing review):	
Approval Recommendations <i>Note: Unless otherwise recommended above, approval is in effect for one year only.</i>	
<input type="checkbox"/> I approve of the procedures proposed in this submission (subject to any conditions listed above).	
<input type="checkbox"/> I do not approve of the procedures proposed in this submission.	
Type of Review Recommended	
<input type="checkbox"/> The investigator has requested Departmental Review, and I recommend Departmental Review .	
<input type="checkbox"/> The investigator has requested Departmental Review, but I do not recommend Departmental Review .	
<input type="checkbox"/> The investigator has requested Expedited Review, and I recommend Expedited Review .	
<input type="checkbox"/> The investigator has requested Expedited Review, but I do not recommend Expedited Review .	
<input type="checkbox"/> I recommend Full Review .	
Additional Comments (optional)	
Print/type name Departmental Ethics Committee Member:	Department:
Signature of Departmental Ethics Committee Member:	Date: