



## **CONSENT TO PARTICIPATE IN RESEARCH**

### **Title of Study:** EAR-WITNESS Testimony

You are asked to participate in a research study conducted by Dr. Cheryl Reed-Elder and Dr. Paul Dupuis from the: Psychology department at Algoma University. If you have any questions or concerns about the research, please feel to contact Dr. Cheryl Reed-Elder (705) 949-2301 X4337, or Dr. Paul Dupuis x 4332

## **PURPOSE OF THE STUDY**

This study is designed to assess the effect of variables that may affect ear-witness testimony.

## **PROCEDURES**

If you volunteer to participate in this study, you will be asked to complete the consent form, listen to a short audiotape and then answer some questions related to the audiotape. Finally you will be told how you can access the results of the study. The entire process should take less than 30 minutes. This study will be run on campus, on the 5<sup>th</sup> floor of Shingwauk Hall, or by internet.

## **POTENTIAL RISKS AND DISCOMFORTS**

There are no foreseeable risks, discomforts, or inconveniences in this study.

## **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

As a participant you will have exposure to an experimental research study designed to learn more about ear-witness testimony.

## **COMPENSATION FOR PARTICIPATION**

Your participation is on a voluntary basis. The researchers will not be providing compensation.

## **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Your data will be coded to identify the conditions under which you were tested but not identify you. The coded data will be retained for 5 years and then destroyed. If you choose to withdraw from the study before the data is entered anonymously into the data file, it can be withdrawn and destroyed. After that point it will not be possible to identify it.

## **PARTICIPATION AND WITHDRAWAL**

You may withdraw from this study at any time and for any reason. You will not be asked to supply a reason, and you will not be penalized in any way. The investigator may withdraw you from this research if circumstances arise which warrant doing so, such as an equipment failure, or a methodological error on the part of the researcher.

## **FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS**

A post-study information sheet will be posted following data collection and analysis. This will describe the variables and results. The information sheet will be posted outside the offices of the investigators and can be made available through email.

Web address: [reedelder@algomau.ca](mailto:reedelder@algomau.ca) or [dupuis@algomau.ca](mailto:dupuis@algomau.ca) Date when results are expected to be available: August 1, 2017 or earlier

## **SUBSEQUENT USE OF DATA**

These data may be used in subsequent studies, in publications and in presentations.

## **RIGHTS OF RESEARCH PARTICIPANTS**

If you have questions regarding your rights as a research participant, contact: Research Ethics Board, [ethicsoffice@algomau.ca](mailto:ethicsoffice@algomau.ca). You may ask for clarification from the researcher regarding the information on this form.

## **SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE**

I understand the information provided for the study **Ear-witness Testimony** as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. Participant Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## **SIGNATURE OF INVESTIGATOR**

These are the terms under which I will conduct research.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date