**Information Sheet**

**[TEMPLATE FOR EXPERIMENTS]**

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is **[INSERT HERE – KEEP IT QUITE BRIEF AND SIMPLE (1-2 SENTENCES) e.g.]** to examine the impact of participation in mindfulness sessions on levels of anxiety. Should you choose to participate, you will be **[WILL THERE BE RANDOM ASSIGNMENT TO GROUPS – AN INTERVENTION AND A CONTROL GROUP FOR EXAMPLE?]** randomly assigned to one of two groups. Members of the first group will be asked to **[INSERT HERE, AGAIN BRIEF AND SIMPLE; THIS SECTION SHOULD INCLUDE A DESCRIPTION OF THE PROCESS (INTERVIEW? SURVEY? INTERVENTION? ONE-OFF OR WITH FOLLOW-UP(S)? e.g.]** complete a questionnaire, which will include items on **[GIVE A BROAD PICTURE, e.g.]** demographic factors and anxiety levels; to participate in weekly one-hour-long mindfulness sessions for six weeks, and then to complete a second questionnaire relating to symptoms of anxiety. Members of the second group will be asked to complete the same questionnaires, and to continue as normal otherwise.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions, or decide to withdraw from the study. All information you provide will be confidential and your anonymity will be protected throughout the study. It will be necessary to gather identifying information with the questionnaires so as that we can link your responses to both questionnaires. **[HOW WILL THIS PROCESS WORK? e.g.]** We will provide you with a code which will be known only to you and to the research team; details of the code will be stored separately from details of questionnaire responses and so your confidentiality will be protected.

You maintain the right to withdraw from the study at any stage up **[STATE A TIME-FRAME EXPLICITLY – e.g.]** two week after completion of the study.

**[STATE BRIEFLY BUT EXPLICITLY WHAT THE STORAGE METHOD IS TO BE – e.g.]** The anonymous data will be stored on the University College Cork OneDrive system and subsequently on the UCC server. The information linking codes to participant names will be stored on an encrypted computer. The data will be stored for **DATA MUST BE STORED FOR A MINIMUM OF TEN YEARS. IF YOU WISH, YOU MAY REQUEST PARTICIPANTS’ CONSENT TO STORE THE ANONYMISED DATA INDEFINITELY IN A DATA REPOSITORY, AND TO ALLOW THE DATA TO BE USED FOR SUBSEQUENT RESEARCH STUDIES.** The information you provide may contribute to research publications and/or conference presentations. Outline the Positive Ethics, the benefits of this research in the wider context. **ALSO STATE IF THE DATA WILL CONTRIBUTE TO A THESIS OR RESEARCH REPORT.** I will debrief you afterwards and answer any questions you may have.

We do not anticipate any negative outcomes from participating in this study **IF YOU DO, YOU MUST SAY SO EXPLICITLY – e.g. WE DO NOT INTEND TO CAUSE ANY DISTRESS TO PARTICIPANTS. SOME OF THE TOPICS BROACHED IN THE QUESTIONNAIRES, HOWEVER, ARE OF A SENSITIVE AND PERSONAL NATURE. SHOULD YOU WISH TO DO SO, YOU CAN CHOOSE NOT TO ANSWER QUESTIONS, OR TO WITHDRAW FROM THE STUDY.** Should you have any concerns arising from participating in the research, or should it raise any issues for you, the contact details for support services provided below may be of assistance. **SHOULD SOMEONE BECOME DISTRESSED AS A RESULT OF TAKING PART IN YOUR STUDY, YOUR SUPERVISOR IS PROBABLY THE BEST PERSON TO MANAGE THIS IN TERMS OF REFERRAL ROUTES ETC. BE MINDFUL OF DIRECTING PARTICIPANTS TO ALREADY OVERSTRETCHED SERVICES. HOWEVER, DIRECTING TOWARDS INFORMATION IS APPROPRIATE.**

This study has obtained ethical approval from the UCC School of Applied Psychology Ethics Committee.

If you have a concern about how we have handled your personal data, you are entitled to this raise this with the Data Protection Commission.

<https://www.dataprotection.ie/>

UCC'S Data Protection Officer (DPO) is Catriona O'Sullivan, Information Compliance Manager, University College Cork, 4 Carrigside, College Road, Cork, Ireland.

Telephone: +353 (0)21 4903949\* Email: [gdpr@ucc.ie](mailto:gdpr@ucc.ie)

The Data Controller for this study is **INCLUDE PRINCIPAL INVESTIGATOR’S NAME AND CONTACT DETAILS.**

**SHOULD YOU BECOME AWARE OF A BREACH OF THE PERSONAL DATA OF PARTICIPANT(S), YOU MUST REPORT THIS TO THE DATA CONTROLLER.**

“A personal data breach occurs when the data is accessed, disclosed, altered, lost or destroyed in contravention of an organisation’s obligation to keep personal data in its possession safe and secure”

<https://www.dataprotection.ie/>

If you have any queries about this research, you can contact me at **THE CONTACT DETAILS OF YOUR RESEARCH SUPERVISOR SHOULD ALSO BE PROVIDED, AS THIS IS THE APPROPRIATE PERSON TO CONTACT FOR SEMI-FORMAL QUERIES. FOR INSTANCE, A REQUEST FOR INFORMATION MAY COME AFTER YOU HAVE GRADUATED AND ARE NO LONGER HERE.**

If you have a complaint about how this research was conducted please contact in writing:

The Ethics Committee,

School of Applied Psychology,

University College Cork,

Cork

If you agree to take part in this study, please complete the consent form overleaf

**Consent Form**

I………………………………………agree to participate in **YOUR NAME**’s research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up.

Signed: ……………………………………. Date: ………………..

PRINT NAME: …………………………………….