# Sample Information Sheet (interviews)

**[THE FORM BELOW IS BASED ON A HYPOTHETICAL STUDY ABOUT experiences of students commuting to college, PLEASE ADAPT TO SUIT YOUR STUDY TOPIC AND DELETE THIS LINE AND ALL OTHER GUIDANCE IN BLUE FROM YOUR INFORMATION SHEET]**

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, 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 experience of students who commute to university from hometowns outside of the Cork Metropolitan Area. Should you choose to participate, you 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.]** take part in a one-to-one interview with a member of the research team. This interview will be audio/video recorded **[DELETE AS APPROPRIATE]**, and is expected to take 30-40 minutes to complete.

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 interview. Once the interview has been concluded, you can choose to withdraw at any time in the subsequent **[SPECIFY A TIME-FRAME HERE. THE RIGHT TO WITHDRAW CANNOT BE OPEN-ENDED, AS DATA CANNOT BE WITHDRAWN ONCE A PAPER IS PUBLISHED OR A THESIS SUBMITTED. IF THE DATA HAVE BEEN GATHERED ANONYMOUSLY (e.g. THROUGH AN ONLINE SURVEY WITH OPEN-ENDED ITEMS), THE RIGHT TO WITHDRAW LAPSES AS SOON AS THE DATA HAVE BEEN SUBMITTED e.g.]** two weeks.

All of the information you provide will be kept confidential and anonymous, and will be available only to **LIST AS APPROPRIATE – THE RESEARCHER, THE RESEARCH TEAM, MY SUPERVISOR ETC**. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. [**IN THE EVENT A SERIOUS RISK IS IDENTIFIED, PLEASE OUTLINE THE STEPS YOU WILL TAKE TO ADDRESS THIS].** Once the interview is completed, the recording will immediately be transferred to a safe UCC data storage platform and wiped from the recording device. The interview will then be transcribed by the researcher, and all identifying information will be removed. Once this is done, the recording will also be deleted and only the anonymized transcript will remain. This will be stored on a University College Cork supported cloud storage platform **[PLEASE SPECIFY WHICH APPROVED UCC PLATFORM WILL BE USED AND ENSURE THE SAME DETAILS ARE PROVIDED IN Q30 OF THE SREC APPLICATION FORM].** The data will be stored for minimum of ten years. **[UNLESS THERE IS ANOTHER REQUIREMENT FOR YOUR RESEARCH DATA].**

**[PLEASE REMOVE FROM YOUR INFORMATION SHEET IF THIS DOES NOT PERTAIN TO YOUR PROJECT]: IN CERTAIN CASES, YOU MAY DECIDE TO REQUEST PARTICIPANTS’ CONSENT TO STORE ANONYMISED DATA INDEFINITELY IN AN EXPLICITLY SPECIFIED DATA REPOSITORY, AND TO ALLOW THE DATA TO BE REUSED FOR SUBSEQUENT RESEARCH STUDIES. IN THE CASE OF MORE SPECIFIC DATA REPOSITORIES, WE ENCOURAGE YOU TO SEEK APPROVAL FROM THE EXTERNAL REPOSITORY].**

The information you provide may contribute to research publications and/or conference presentations. **[ALSO, STATE IF THE DATA WILL CONTRIBUTE TO A THESIS OR RESEARCH REPORT].**

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 INTERVIEW, HOWEVER, ARE OF A SENSITIVE AND PERSONAL NATURE. SHOULD YOU WISH TO DO SO, YOU CAN CHOOSE NOT TO ANSWER QUESTIONS OR TO BRING THE INTERVIEW TO AN END AT ANY TIME]**.At the end of the interview, I will discuss with you how you found the experience and how you are feeling. Should you experience distress arising from the interview, the contact details for support services provided below may be of assistance. **[PLEASE PROVIDE CONTACT DETAILS BELOW].**

This study has obtained ethical approval from the UCC Social Research Ethics Committee.

If you have any queries about this research, you can contact me at **[INSERT YOUR EMAIL ADDRESS HERE. IF YOU HAVE A RESEARCH SUPERVISOR, THEIR CONTACT DETAILS SHOULD ALSO BE PROVIDED].**

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

# Sample Research 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 give permission for my interview with [**YOUR NAME**] to be [**video / audio]**-recorded.

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 by disguising my identity.

I understand that disguised extracts from my interview (e.g. my name / location won’t be used) may be quoted in presentations and publications (e.g. article, book chapter, student thesis, social media publicity of the study’s findings, etc.), if I give permission below (please tick one box):

I agree to participate in this study ☐

I do not agree to participate in this study ☐

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

PRINT NAME: …………………………………….