

**Consent Form for Informative Interview**  
(To be signed just before the interview commences.)

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**Name of Researcher, Faculty, Department, Telephone & Email**

**Supervisor:**

Dr. Doug Brent, Associate Dean (Undergraduate), Faculty of Communication and Culture

**Title of Project:**

Co-operative Education Work Term Report

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

**Purpose of the Study:**

As a Co-operative Education student, I am expected to complete a Work Term Report that includes details about the organization I have been working for, its scope, and career opportunities in the organization and in other similar organizations. Your interview will inform a section of my report.

**What Will I Be Asked To Do?**

I would like to interview you in person for no more than thirty minutes in order to gain more information about your organization, particularly long-term career opportunities with this and other, similar organizations. I will ask questions such as these:

- Tell me more about what this organization does. How is it connected to similar organizations?
- While you have been here, have you seen the organization transform? Has its mandate changed significantly?
- Tell me about how you personally came to be working for this organization? What skills and knowledge do you think helped you get where you are now?
- What long-term opportunities are there for careers with this organization or others like it? What would best position a student for working in such an organization?
- Are there any down sides to working in an organization such as this?

Some of these questions may be personal or confidential. Please feel free to refuse to answer any such questions. You may withdraw from this process at any time during or immediately after the interview. If you choose to withdraw, all information collected will be destroyed. I will also show you the draft of my report, and you may request that any answers be corrected or deleted.

**What Type of Personal Information Will Be Collected?**

Normally, I will identify you by name and position. If you prefer not to be identified, you may ask to remain anonymous. However, given your position in the organization, it may be impossible to keep your identity from being obvious. If you are uncomfortable with being identified, please feel free to refuse to participate.

There are several options available to you. You can choose all, some or none of them. Please put a check mark on the corresponding line(s) that grants me your permission to:"

I grant permission to be audio taped: Yes: \_\_\_ No: \_\_\_

I wish to remain anonymous: Yes: \_\_\_ No: \_\_\_

I wish to remain anonymous, but you may refer to me by a pseudonym: Yes: \_\_\_ No: \_\_\_

The pseudonym I choose for myself is: \_\_\_\_\_

You may quote me and use my name: Yes: \_\_\_ No: \_\_\_

**Are there Risks or Benefits if I Participate?**

The only significant risk could be revealing confidential information about your organization or personal information about yourself. You may ask for any such information to be corrected or deleted when I show you the rough draft.

**What Happens to the Information I Provide?**

The raw data resulting from this interview will be seen only by me, and possibly by my Co-op Faculty Supervisor. It will be stored under lock and key at my residences and destroyed after two years. The report that ensues will be seen only by me, my Faculty Co-op Supervisor, and the Associate Dean, who co-ordinates the academic aspect of Co-op placements. Some Work Term Reports will be circulated among students as examples. If my report is chosen for circulation, the Associate Dean or Co-op Co-ordinator will contact you for permission, which you may refuse.

Formal publication is unlikely, but if any part of this report is reproduced in any published form, you will be contacted for permission.

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**Signatures (written consent)**

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's Name: (please print) \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

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*Insert Student name, telephone, email*

Faculty of Communication and Culture

Supervisor: Dr. Doug Brent, Associate Dean, Communication and Culture,  
220-5458, [dabrent@ucalgary.ca](mailto:dabrent@ucalgary.ca)

If you have any concerns about the way you've been treated as a participant, please contact Bonnie Scherrer, Ethics Resource Officer, Research Services Office, University of Calgary at (403) 220-3782; email [bonnie.scherrer@ucalgary.ca](mailto:bonnie.scherrer@ucalgary.ca).

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.