



St. Thomas University

School of Social Work, Fredericton, NB CANADA E3B 5G3

SPIRITUAL IDENTITY IN THE MODERN AGE INTERVIEW

CONSENT FORM

CODE:

I have read and understood the information sheet and have had the opportunity to ask questions which have been answered to my satisfaction.

I agree to the interviews for the purposes of the research described in the information sheet.

I understand that I do not have to answer a question if I do not want to and can stop the interview at any time.

I agree to the interviews being audio/video recorded (*delete as appropriate*).

I understand that participation is voluntary and that I may withdraw from the research at any time up until the final report. If I choose to withdraw all information (audio, video, text and personal information) will be destroyed.

I understand that confidentiality cannot be guaranteed if I disclose during the interview any previously unknown or future illegal activities and/or express a desire to harm myself or others.

I would/would not (*delete as appropriate*) like to receive a summary of the research findings

I am over 18 years old.

Initial to indicate agreement

Agreement:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

 Name of Participant (please print) Signature of Participant Date

 Signature of Investigator Date



SPIRITUAL IDENTITY IN THE MODERN AGE

USE OF TRANSCRIPT CONSENT FORM

CODE:

EITHER: I have read the transcript and agree to its use for the purposes of the research

OR: I have read the transcript and agree to its use, with the amendments indicated in the text, for the purposes of the research

EITHER: I agree/do not agree to the audio/video recording (*delete as appropriate*) to be used. I understand that in giving my consent for this it may be possible for others to identify me.

OR: I agree to the audio/video recording (*delete as appropriate*) to be used, with amendments in line with those indicated in the text, for the purposes of conferences, education and academic publications. I understand that in giving my consent for this it may be possible for others to identify me.

Initial to indicate agreement

Agreement:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

Name of Participant (please print)

Signature of Participant

Date

Signature of Investigator

Date