

Consent Form: Questionnaire Participants

From Ethics Proposal, please note: the document was slightly modified when translated into Spanish and not back translated into English)

Building Community Capacity and Equitable Access to Cancer Screening For Ethno-racial Minority women - A Demonstration Project

In signing this document, I am giving my consent to be interviewed as part of a study being conducted by LAZO, CCHC, the Community Health Research Unit, and Gentium Consulting.

I understand that I will be interviewed in a place and at a time convenient to me. The interview will take about 60 minutes to complete and it will be tape-recorded.

I understand that I only need to say what I feel comfortable in saying.

I understand that participation is voluntary and that I may choose to withdraw during the interview process. Should I choose, I may also refuse to answer any question asked of me.

I understand that all information will be kept confidential. My name will not be recorded with my responses or identified in any way. A unique code number will be assigned to my interview which will be used instead of my name in all instances. Data (audiotapes and transcripts) will be kept locked in a secure location accessible only to researchers.

I understand that the results of this study may be published in journals read by health professionals, by community practitioners, and by the Hispanic community, and that some direct quotation from my interview may be used. However, my name will not be identified in any quotation.

I understand that I do not have to agree to be quoted, and I can change my mind during the interview. I understand that I cannot be asked why I do not wish to be quoted. I can request that all or part of the tape be erased during the interview.

I understand that the results of this study will be given to me if I ask for them, and if I have any questions or concerns about the study, I may contact Sara Torres, Tel: (613) 233-4443; Alma Estable, Tel: (613) 232-1823; or Dr. Lynne MacLean (613) 724-4122 ext. 23574 at the Community Health Research Unit. If I have ethical questions, I can contact the Protocol Officer for Ethics in Research, Office of the Vice-Rector (Research), University of Ottawa, Tel.(613) 562-5800, ext.1787.

I acknowledge receipt of a copy of this consent form.

Participant:

Date:

Researcher: