# Sample Information Sheet

**[The form below is based on a hypothetical study about mindfulness and anxiety, Please adapt to suit your study topic and delete this line 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 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 to **[STATE A TIME-FRAME EXPLICITLY – e.g.]** two weeks 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 a secure University College Cork supported cloud storage platform **[PLEASE SPECIFY WHICH 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 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 experience distress arising from participating in the research, 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 complete 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 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 study, 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 (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: …………………………………….