

Confidentiality Agreement

Research Title:

Principal Investigator:

Research Assistant:

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- ☐ I understand that all the material I will be asked to record, analyze, and/or transcribe is confidential.
 - ☐ I understand that any digital recordings, data, and transcripts can only be discussed with the principal investigator working on this study and may not be shared with others in any format.
 - ☐ I will not keep any copies of the information nor allow third parties to access them.
 - ☐ I will delete all interview, datasets, and other relevant files from my computer after transcription/use is complete or the completion date of the project has passed.
 - ☐ I will keep my computer and any datasets and transcripts password-protected and secure.
 - ☐ I will maintain the anonymity of all participants involved in this research study.
 - ☐ I will keep any information regarding all participants in this study in the strictest confidence and will discuss any information about the participants only with members of the research group.

Research Assistant:

(Print Name)

(Signature)

(Date)

Principal Investigator:

(Print Name)

(Signature)

(Date)

*This research project has been reviewed by the Research Ethics Board (REB) at Ontario Tech University (REB # ****). For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at 905.721.8668 extension 3693 or researchethics@ontariotechu.ca.*