INFORMED CONSENT

Title of Study: The Sexual Abuse Crisis in the Catholic Church: Perceptions and Reflections in a Western Canadian Diocese

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I, ______________________________ hereby consent to be part of the research study The Sexual Abuse Crisis in the Catholic Church: Perceptions and Reflections. This research is taking place as part of the conference, Open Dialogue about the Sexual Abuse Crisis in the Church, on March 14, 2020 in Edmonton, Alberta.

I understand the purpose of this research is to explore the experiences of the Catholic Community in the Archdiocese of Edmonton in relation to the sexual abuse crisis in the Roman Catholic Church (RCC) in Canada.

I agree to maintain the privacy and confidentiality of other attendees/participants.
I am aware I am under no obligation to participate in this research and may withdraw at any time during the conference with no risk of penalty. Given the anonymous nature of the data collection, my discussions until the point of withdrawal will remain in the collected data. However, my future discussions will not be included in the research. I am aware that I am welcome to leave the event at any time.

I understand that I will be given a copy of this form for my records.

**Consent Statement:**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after it has been signed.

A Research Ethics Board at the University of Alberta has reviewed the plan for this study. If I have questions about my rights or how research should be conducted, I can call (780) 492-2615. This office is independent of the researchers.

I understand that I will be given a copy of this form for my records.

____________________________________  ______________________  ______________________
Participant's Name (printed) and Signature  Date

____________________________________  ______________________  ______________________
Name (printed) and Signature of Person Obtaining Consent  Date