

Future to Discover

Explore Your Horizons

Project Consent Forms

Future to Discover (FTD) is a research project. It is designed to help more New Brunswick students go on to post-secondary education (university, college, or trade schools) after they finish high school.

Three organizations are involved in this project:

- The Canada Millennium Scholarship Foundation (also known as the Foundation) will provide the money for this project.
- The New Brunswick Department of Education will administer the project through the *Future to Discover* Project Office (FTD Office).
- The Social Research and Demonstration Corporation (SRDC), a not-for-profit research organization, will organize the research and analysis.

This booklet contains two separate consent forms: one for the student and one for the student's parent(s) or legal guardian.

In order to volunteer for the *Future to Discover* project, students must complete the attached Student Consent Form, and their parent(s) or legal guardian must complete the Parent/Legal Guardian Consent Form.

Future to Discover

Explore Your Horizons

Student Consent Form

Please read the following sections carefully and sign your name at the end of the form.

What happens when I volunteer for this project?

Students who volunteer for *Explore Your Horizons*, a part of the *Future to Discover* research project, will have a chance to receive useful information from the project about post-secondary education and career choices.

There is no automatic qualification for this project. There are only about 800 spots available in the information program this year. Students will be chosen to fill these spots through a process called “random assignment.” This selection process is like a lottery or picking names out of a hat. All volunteers will have the same chance to be assigned either to the “program group” or to the “comparison group.” Your chances of getting assigned to the program group depend on how many students sign up. About one in every three volunteers will be assigned to the program group.

You will receive a letter about the group that you have been assigned to no later than July 31, 2005.

What happens if I am selected for the program group?

If you are assigned to the *Explore Your Horizons* program group, you will be eligible to take part in a program that, during high school, will provide you with free helpful information and materials about the kinds of post-secondary courses you can take and future career choices.

What happens if I am selected for the comparison group?

The experiences of the comparison group help researchers tell whether or not the *Explore Your Horizons* program works.

If you are assigned to the *Explore Your Horizons* comparison group, you will not receive information from the *Explore Your Horizons* program. However, you will remain eligible for the educational information services and referrals that are available to all students.

What will I be asked to do?

Whether you are in the *Explore Your Horizons* program group or comparison group, it is very important to the research for you to be interviewed. You may be interviewed by telephone several times. This will require a total of only two to four hours of your time over the next six years. During the interviews, you may be asked questions about how you are doing at school, what you plan to do after high school, or what jobs you may have.

Your answers to these questions are important to the project. The information you give will be used for research purposes only. Anything you tell the interviewer will be kept confidential. It will *not* be passed on to other people, such as your teachers, your parent(s) or guardian, or your classmates. You may refuse to answer any specific questions.

You agree to allow SRDC to give your contact information to future interviewers. You have just completed your first interview with a Statistics Canada interviewer. Any follow-up calls may be from Statistics Canada or a researcher hired by SRDC.

You can withdraw from the project at any time by calling the project researchers and signing an official withdrawal form. The telephone number is at the end of this form.

What other information about me will you collect?

The project will need other information about you in order to learn about your experiences. This information will be used only for research purposes. You will need to give your permission so that SRDC can get specific information about you from the following sources. This information will be collected for up to 10 years from the date you sign this form.

- **Your New Brunswick high school(s)**

You agree to authorize your high school(s) and the New Brunswick Department of Education to provide SRDC with information from your student records about the courses you have taken, your marks, provincial examinations you have written, and your high school graduation. In order to obtain this information, SRDC will provide the New Brunswick Department of Education your name, date of birth, gender, address, and special SRDC project code number.

- **Post-secondary education institution(s)**

You agree to authorize post-secondary institutions (universities, colleges, or trade schools) to provide SRDC with information about your enrolment, programs, and courses. If the institution is a university in the Maritime Provinces, you agree to give the Maritime Provinces Higher Education Commission (MPHEC) permission to release the information on behalf of the university. In order to obtain this information, SRDC will provide your name, date of birth, gender, Social Insurance Number, and the name of the high school from which you graduated to the MPHEC and to the post-secondary institution.

- ***Future to Discover* Project Office, New Brunswick Department of Education**

You agree to authorize the FTD Office to provide SRDC with information about your participation in the project if you are selected to participate in the *Explore Your Horizons* program group. This information will include any program documents or forms administered by FTD staff and access to the project website.

- **New Brunswick Student Financial Services Branch, Department of Education**

You agree to authorize the New Brunswick Student Financial Services (SFS) Branch to release to SRDC information from your student file about any grants, bursaries, loans, and financial assessments that you may receive in the future. In order to obtain this information, SRDC will provide your name, date of birth, gender, and Social Insurance Number to the SFS Branch.

FTDP-3B

- **Canada Revenue Agency**

You agree to authorize Canada Revenue Agency (CRA) or the agency responsible for administering tax laws for the Government of Canada to give SRDC information about your future income, education tax credits, deductions, and exemptions. In order to identify your file, SRDC will provide CRA with your name, date of birth, gender, Social Insurance Number, and possibly a copy of your signed consent form.

What will happen to my information?

All of the information about you (including your name) collected in the survey you completed for Statistics Canada, as well as any future interviews you complete with a survey agency contracted by SRDC, will be turned over to SRDC.

You agree to allow SRDC to link the information that you and your parent(s) or guardian provide in any surveys collected for this project with all the other information obtained through your participation in this project.

The information from high schools and the FTD Office will be linked using a special project code number. The post-secondary, student financial services, and tax information will be linked using your name, date of birth, gender, and Social Insurance Number. Information from your parent(s) or guardian will be linked to your information using the special SRDC project code number. SRDC is responsible for keeping this confidential linking file.

You will have a right to ask to see the information collected about you for the evaluation.

SRDC will also create a research file containing some or all of the information that has been collected about you. This file will not contain your name, address, or any other information that could identify you. Only the special project code number will be used to identify information from your project records.

Who will use my information during the research project?

Only SRDC and their researchers and researchers at Statistics Canada will use the information collected about you during the research project.

How will my information be used?

The researchers will analyse the information on the research file. The findings of this project will be published in research reports. The results from this project will be used to design future programs to help students go to university and college.

Is my privacy protected?

SRDC and their researchers will not release any information that contains your name, address, or any other way of identifying you to anyone without your permission.

Your name will not appear in any published reports and will not be used in any other way that would identify you.

What happens to my information after the research project is finished?

SRDC will destroy all data collected under this informed consent form within five years of publishing the final report.

The unidentifiable linked data — which will *not* include your name, address, telephone number and Social Insurance Number, or your parent(s) or guardian's name — will be kept indefinitely at Statistics Canada. It will be used only for research purposes. Your information on this file kept at Statistics Canada will be protected and used in accordance with the *Statistics Act*.

What do I agree to if I sign this form?

- I agree to take part in the *Explore Your Horizons* part of the *Future to Discover* project.
- The interviewer has fully explained the information on this consent form to me.
- I was given the opportunity to ask questions and I was satisfied with the answers that I received.
- I understand what the procedures are and what I can expect if I agree to be in the project.
- I understand that all of the information I provide will be kept confidential. I consent to the use of my personal information with the protections described above.
- I understand that my participation in this project is voluntary.
- I give permission to SRDC to release the following information to the FTD Office and their agents so that they can let me know if I have been selected for the *Explore Your Horizons* program: my name, address, telephone number, date of birth, and gender; the name of my school; the name of my parent(s) or guardian; and emergency contact information.

Who should I contact for more information about the research?

Please call SRDC at 1-877-290-1754 with any questions about the research project.

Future to Discover

Explore Your Horizons

Parent/Legal Guardian Consent Form

Please read the following sections carefully and sign your name at the end of the form. You must be the parent or legal guardian of the child.

Who needs to sign this form?

Each student who has been invited to join the *Explore Your Horizons* part of the *Future to Discover* research project must sign the Student Consent Form to take part in the project. The student's parent or legal guardian must also sign the Parent/Legal Guardian Consent Form.

What do I agree to by signing this consent form?

I acknowledge that the interviewer has explained the information on the Student Consent Form to both my child and me. My child has freely volunteered to take part in the project and signed the required consent form for participation.

I acknowledge that the following information was explained to me:

- the purpose of the *Future to Discover* project and the *Explore Your Horizons* program, who is organizing it, and what is involved in taking part in the project
- how the information my child and I provide for this project will be used and who will use it
- my child will have a chance to receive special information regarding his/her future career and education choices
- the information my child and I give to the interviewers will be kept confidential
- my child may leave the project at any time by calling the project researchers and signing an official withdrawal form.

What other information about me will you need?

If your child is selected for the *Explore Your Horizons* program group, you (or your spouse) will be invited to workshops to learn about ways to help support your child in exploring career and post-secondary options. You agree to authorize the FTD Office to give SRDC information about your participation in the project for research purposes.

In addition, you (or your spouse) may be surveyed during the project.

What will happen to my information?

All of the information about you (including your name) collected in the survey you completed for Statistics Canada, as well as any future interview you complete with a survey agency contracted by SRDC, will be turned over to SRDC.

Your permission is required for SRDC to link the information about you as described above with information provided by your child from the sources listed in the Student Consent Form. The information will be linked using a special SRDC project code number assigned to your child.

SRDC will also create a research file. This research file will not contain your name, address, or any other information that identifies you as an individual.

Any information that is collected during the course of this project will be kept strictly confidential. SRDC and the researchers hired by SRDC to work on this project will not release any of this information in any form that contains your name, address, or any other identifying information.

What does it mean if I sign this form?

By signing this form, I give consent for my child to take part in the *Explore Your Horizons* part of the *Future to Discover* research project.

Who should I contact for more information about the research?

Please call SRDC at 1-877-290-1754 with any questions about the research project.

Student Consent Form

Please complete and sign

Family Name (please print)	First Name

Usual place of residence:

No.	Street	Apt.

City, town, or village

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Postal Code	Area Code

Telephone Number: _____

Birth Date

Day	Month	Year	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>

Signature: _____ Date:

							2		0		0		5	
Day			Month			Year								

X _____

Parent/Legal Guardian Consent Form

Please complete and sign

Family Name (please print)	First Name

Relationship to child:

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Parent or guardian's signature: _____ Date:

							2		0		0		5	
Day			Month			Year								

X _____

For Office Use.

Witnessed by Statistics Canada Interviewer:

Signature: _____ Date: _____