Letter of Information and Consent Form

Assignment in *NSCI 483: Neurobiology of Learning and Memory*Interview with an Individual (or Caregiver of an Individual) with a Learning/Memory Disorder



BACHELOR OF HEALTH SCIENCES (HONOURS)

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Students in the Queen's University Bachelor of Health Sciences course "Neurobiology of Learning and Memory" (NSCI 483) are required to conduct an informational interview with an individual, or caregiver of an individual, who lives with a disorder of learning and memory. The purpose of this interview is to help the students gain a deeper understanding of the lived experience of someone with a learning/memory disorder, and to understand how the individual currently accesses services to meet their needs. Students will be honing skills they need in order to work in healthcare professions, especially their capacity for empathy and to advocate for patients.

If you agree to take part, **the interview will require about 20 to 30 minutes of your time.**Participation in this interview is voluntary. You do not have to answer any questions that you do not want to. You can stop participating in the interview at any time. Please answer the questions as frankly as possible, but do not feel obligated to answer any questions that make you feel uncomfortable. The instructor will vet interview questions prior to the interview; however, the students may ask follow-up questions based on your answers.

With your permission, the interview will be audio-recorded otherwise the students will take written notes on your responses. These records will be kept **confidential**. While the student may discuss or quote the content of your answers in online course forums (accessible only to fellow students, teaching assistants, and professors), **they will not refer to you by name for the purposes of their assignment**. Students have been made aware that the interview is a private conversation to be used for the purposes of their coursework only.

There are no direct benefits or compensation to you as a participant, but your participation will help train an individual who may become a future health care professional.

We welcome your feedback about your interview experience. If you have concerns or questions about this process please feel free to contact **Dr. Susan Boehnke, Course Instructor, by email** at susan.boehnke@queensu.ca. If you do not have access to email, please contact the BHSc team at 613-533-2566 with your contact information to have Dr. Boehnke call you back by telephone.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered by the student to your satisfaction before you decide whether to participate in this interview. Your interest in participating is greatly appreciated. Thank you!

By signing below, I am verifying that questions have been answered.	t: I have read the Letter of Inf	ormation above and all of my
☐ Yes, you have my permission to☐ No, you do not have my permis		rview
Signature of Participant/Guardian	PRINTED NAME	Date
Or Substitute Decision-Maker		
Signature of Student Conducting	PRINTED NAME	 Date
Consent Discussion and Interview		