

Focus Group Information and Consent Form

Study Title: Strength in Structure

Organization: Canadian Council for Youth Prosperity

Researcher(s): Tinyan Otuomagie & Mduduzi Mhlanga

Information

You are invited to participate in a focus group conducted by Tinyan and Mduduzi with
Canadian Council for Youth Prosperity (CCYP)

Before you give your consent, it is important you read this form completely so you understand what is being asked of you. Please do not hesitate to ask questions or clarify any information. You can change your mind about participating at any time.

1. What is this research for?

The purpose of this research is to understand the structural challenges black youth are facing across Canada with respect to employment and other societal challenges.

2. What is the purpose of this study?

To understand how black youth understand success, view the current job market in Canada, how their experiences have changed with moving to a digital world in school and work, and how the COVID-19 pandemic has impacted folks in their everyday life.

3. Research Design:

A focus group that will have participants answer questions, both survey and group discussions over PollEverywhere, Zoom, and Google Jamboard. Responses will be noted (without nominal identifiers).

4. Who can participate?

Youth self-identifying as black or African in Canada (18-35)

5. What will my responsibilities be if I choose to participate in a focus group?

Your responsibilities will be to answer questions as truthfully as possible and give others who participate in the focus group the same level of respect when participating.

6. Are there any risks?

Because of the nature of this research some participants might feel the need to overshare and participants might hear extreme situations or stories.

7. Are there any benefits?

Your time will be compensated (\$25.00 CAD an hour) and you will have a chance to hear from your peers on what they think of the themes and topics discussed during the small group.

8. Will I be paid to participate in this study?

Yes- There will be a compensation of \$25 for participation.

9. What will happen to my personal information?

Audio-recordings: The focus group session will be audio-recorded on Zoom. The audio-recording will only be heard by selected members of our research team. The digital audio file will be stored on a password-protected computer. After the focus group session has been transcribed and reviewed for accuracy, the digital recording will be deleted.

Video- Recording: The focus group session will be video-recorded on Zoom. The video-recording will only be heard by selected members of our research team. The digital audio file will be stored on a password-protected computer. After the focus group session has been transcribed and reviewed for accuracy, the digital recording will be deleted.

10. Can participation end early?

Yes, a participant can back out of the study at any point in time for any reason.

11. Who will you share the results of this study with?

Funders, Employment Service Providers, Other Youth

12. How do I complete this consent form?

If you choose to consent to participating in this study, please provide your basic electronic signature below in this fillable form. Alternatively, you may choose to print this consent form, sign the paper-copy, and scan and upload the signed consent. All signed consent forms must be emailed back to the research team at the e-mail address provided below. If you do not have access to a scanner, you can print and sign this consent form, take a photo of the signed consent, and e-mail it to the research team.

13. If I have any questions about this study, who should I call or e-mail?

You can contact Mdu at mdu@ccyp-ccpj.org

CONSENT

Participant:

E-transfer email: _____

I have read the preceding information thoroughly. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree not to make any unauthorized recordings of the content of focus group sessions. I agree to participate in this study. I understand that I will receive a signed copy of this form.

Name/ Signature/ Date

If you are agree to the below statements, please check this box:

- All of my questions have been answered,
- I understand the information within this informed consent form,
- I do not give up any of my legal rights by signing this consent form,
- I agree to take part in this study.

Person obtaining consent (the study representative/ researcher):

I have discussed this study in detail with the participant. I believe the participant understands what is involved in this study.

_____ ***do not sign if you are a focus group participant**

Name / Role in Study / Signature / Date