



Letter of Consent for Service Providers

Immigrant Workers' Experiences after Work-related Injury and Illness

Dear study participant,

We are interested in hearing about your knowledge as a service provider who works with injured immigrant workers, and your thoughts on how processes you have encountered (such as workers' compensation, retraining, health care, rehabilitation) may be improved to meet the needs of these workers. This study will provide information about the experiences of immigrant workers, who represent an important and growing part of our labour force; as well as service providers and community organizations that assist them. We hope that the study can show us ways to improve workplace practices, health care services, and compensation policies in order to keep workers safe and healthy, and to help immigrant workers who have suffered an injury or work-related illness.

If you agree to participate in this study you will be interviewed over the telephone by an academic researcher from the Institute for Work & Health, at a time that is convenient for you. With your consent, the interview will be tape-recorded and then transcribed.

Interviews are confidential and anonymous. All of the information collected during the study, such as tape-recorded interviews and transcripts, will be confidential and will be viewed only by the researchers directly involved in this project. This consent will be stored separately from your interview tape and transcript in order to protect your identity, and all materials will be kept in locked filing cabinets at the Institute for Work & Health. No one but the immediate research team will know who is interviewed for this study, or have access to any identifying information about who participated in the study. We will never identify you or your workplace personally in any published material.

This research may be published after the study is completed, and we may present the study results at conferences and workshops. In the future, we may use the information gathered from our interviews for other research studies. The same conditions will apply: all data will be confidential, anonymous, and protected.

Your participation in this study is voluntary. You can refuse to answer any of the questions posed and withdraw from the study at any time. If you decide to stop the interview or withdraw from the study I will destroy the interview tape unless you tell me it is okay to use it.

While you may not benefit directly from the study, we hope that injured immigrant workers may benefit from this study as it will help us understand their needs and the current gaps in service. We hope the findings of this study will help us suggest improvements to services, information, and procedures to help immigrant workers stay safe and healthy.

Participate in the interview (please check one)

I agree to participate in the interview

I do not agree to participate in the interview

Taping of interview

I agree to have the interview taped

I do not agree to have the interview taped

I have read and understand the above conditions of participation. I also acknowledge that I have received a signed copy of the consent form.

(Participant's Name – please print) (Signature) (Date)

(Witness' Name – please print) (Signature) (Date)

If you would like to have a copy of the research results please write your address or email here:

(Address) (Email)

If you have any questions about the research either now or during the course of the study, please contact the principal investigator, Agnieszka Kosny, at 416 927-2027 ext. 2167 or by e-mail at akosny@iwh.on.ca.

This project has been reviewed and received ethics clearance from the McMaster Research Ethics Board. Participants with concerns or questions respecting their involvement in the study may contact:

The McMaster Research Ethics Board Secretariat
c/o the Office of Research Ethics
Telephone: 905-525-9140 ext. 23142
E-mail: ethicsoffice@mcmaster.ca