

## RESEARCH CONSENT FORM

**Name of student researcher:** Doreen Ashton Wagner

**Coordinates:** [Doreen.Ashtonwagner@royalroads.ca](mailto:Doreen.Ashtonwagner@royalroads.ca); 613-362-4474

**Name of Thesis Supervisor:** Dr. Jaigris Hodson, [Jaigris.Hodson@royalroads.ca](mailto:Jaigris.Hodson@royalroads.ca)

**Invitation to participate:** I am invited to participate in the research study entitled *Entrepreneurial Resilience in Rural Women Business Owners in a Time of Crisis* conducted by Doreen Ashton Wagner for the MAIS Program at Royal Roads University.

**Purpose of the study:** I understand that the purpose of the study is to understand the factors underlying the resilience process experienced by small business owners during the COVID-19 crisis. This is with a view to uncover strategies that may help develop resources to promote entrepreneurial resilience. This research may also inform policy-makers to create programs that are better suited to support women-led rural businesses, during this pandemic and beyond.

**Participation:** My participation will consist of taking part in up to two individual interviews, conducted virtually over Zoom, each lasting about one hour. I agree to the sessions being recorded for better data collection purposes only. I understand I may be asked about my own definition of resilience, what I think it looks and feels like, what I do what I feel I am being resilient in my business and what I believe helps or prevents me from feeling and acting in a resilient way.

**Risks:** I understand that since my participation in this study will entail that sharing personal information, this may trigger emotions and cause me to feel discomfort. I have received assurance from the researcher that every effort will be made to minimize these risks. For instance, I may request a copy of sample questions prior to interviews; I will be extended as much time to answer as I need; I may review my interview transcripts and choose to remove or alter parts; and I may stop the interview process at any time.

**Benefits:** My participation in this study will help understand what factors may influence the resilience of women business owners in their enterprises, providing insights into how to help entrepreneurs develop resilience over time. I understand potential benefits of my participation include the opportunity to reflect on my own practices and to learn from the study's analysis and findings.

**Confidentiality and anonymity:** I have received assurance from the researcher that the information I will share will remain strictly confidential. The contents will be used only for the student's research project. Anonymity will be protected in that I have been assured that my identity, company and business details will be disguised in any report of findings.

**Conservation of data:** The data collected in all interviews – the digital recording of interview, the interview transcript and the researcher's notes – will be kept in a secure manner. They will be

stored on a computer with secure password and double authentication. Only the student researcher and the supervisor will have access to the interview data. The data will be conserved for one year and destroyed thereafter.

**Voluntary participation and option to withdraw:** I am under no obligation to participate and if I choose to participate I may refuse to answer any questions and may withdraw any time until completion of the second interview transcript review. If I choose to withdraw, all data gathered until the time of withdrawal will be deleted.

**Acceptance:** I, \_\_\_\_\_, agree to participate in the above research study conducted by Doreen Ashton Wagner of Royal Roads University, whose research is under the supervision of Dr. Jaigris Hodson. I understand that by accepting to participate I am in no way waiving my right to withdraw from the study. In addition, I have not waived any rights to legal recourse in the event of research-related harm.

If I have any questions about the study, I may contact the student and/or the supervisor at the numbers mentioned above.

If I have any ethical concerns regarding my participation in this study, I may contact the Royal Roads Office of Research Ethics, at (250) 391-2600 or [ethicalreview@royalroads.ca](mailto:ethicalreview@royalroads.ca).

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_