**CONFIDENTIAL – Consent to Contact Form**

Project Title: **Sex, Lies and Citizenship: A Research Project**

This is to inform you of a research study that is being conducted by researchers from the University of British Columbia and the Centre for Inclusion and Citizenship. It is funded by the Vancouver Foundation. If you are interested in more information about this study please sign this form that allows us to contact you.

*We want to learn: what experiences do self advocates (adults with developmental disabilities) have in learning about sexual health and sexuality. What are the factors that make learning about sexual knowledge positive and what factors influence learning about sexual knowledge in negative ways.*

At this time, we are asking only for your permission to be contacted to hear more about this study. There are no consequences to you if you decide not to participate.

For more information please contact:

**Dr. Rachelle Hole** or **Cindy Chapman** (Coordinator)

UBC Okanagan, Principal Investigator Centre for Inclusion and Citizenship

250-807-8741 or [rachelle.hole@ubc.ca](mailto:rachelle.hole@ubc.ca) 604-822-5872 or [cic.ubc@ubc.ca](mailto:cic.ubc@ubc.ca)

If you have any questions about your rights as a research participant, please call the *UBC Office of Research Services at 250-807-8832.*

I am interested in learning more about this research study. By signing this form, I consent (give permission to) to having a member of the research team contact me by phone to answer questions about the study and talk about participating in the study. You can fax this form to Cindy Attention Cindy Chapman at 604-822-5872 or you can email Rachelle ([rachelle.hole@ubc.ca](mailto:rachelle.hole@ubc.ca) ) or Cindy ([cic.ubc@ubc.ca](mailto:cic.ubc@ubc.ca) ) for more information about the project.

\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Signature Date

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_