



Consent to Participate in the *Mapping Memories: Stories of Refugee Youth in Montréal* Working Group of the *Life Stories of Montrealers Displaced by War, Genocide and other Human Rights Violations* project

I hereby declare that I consent to participate to the *Life Stories of Montrealers Displaced by War, Genocide, and other Human Rights Violations* research project (named as *Montreal Life Stories* from here on) by 38 researchers under the supervision of Steven High, from Concordia University's History Department (Tel. : 514 848-2424 ext: 2413, shigh@alcor.concordia.ca). The section is led by Elizabeth Miller (tel.: 514-848-2424 ext. 2540, elizabeth.miller@sympatico.ca).

PURPOSE:

This project involves the collaboration of refugee youth and researchers. Working together, participants will use literature, photography, documentary film and oral history interviews to express their own life experiences and those of other refugees. Participants and researchers will use these media to raise awareness about issues of war, genocide and human right violations in classrooms and in community institutions.

PROCEDURES:

In day-long [or weekend, or afternoon etc.] workshops participants will develop the skills needed to take photos, conduct oral history interviews, produce documentary films, and/or create works of literature. Participants, in cooperation with one another and with researchers, will mount these projects and find ways to make them suitable for use in schools and in the community. Because the project involves group work and, in some cases, public presentations, project organisers cannot ensure participants' anonymity. Those participants who would like their identities to remain unknown to those outside of the group should discuss their options with the project organisers.

RISKS:

Describing difficult experiences can be upsetting and emotionally traumatic. If, at any time, you feel that these feelings are overwhelming or that you would like to talk to someone, it is possible to refer to the list of resources attached to this document

CONDITIONS OF PARTICIPATION:

Please review the following conditions with a project organiser. Feel free to ask questions if they appear unclear.

Read and
check both
cases

I understand that I am free to remove my consent and end my participation at any time without any negative consequences.

I understand that the recording and/or transcripts of my interview will be kept at the Centre for Oral History and Digital Storytelling (Concordia University) and by some of *Montreal Life Stories* partner organizations, respecting the conditions cited in this form, and that these documents will be available to researchers and the public, and may eventually be referred to in future publications.

DIFFUSION:

Please check the following ways where you would like your work to be exhibited (you can select as many venues as you want)

First let us know the kind of work you want to share: MAPS PHOTOS VIDEO

Now let us know where you are comfortable sharing this work:

LOCAL: I agree to share my work in the centre where the workshop was held

ADVOCACY: I would like to share my work with educators, politicians, and individuals interested in promoting the rights of refugee claimants. (This might be a part of a slideshow, a book or an exhibit at a conference, gallery or classroom)



WEBSITES: I agree to share my work on the following educational and non-commercial websites:
www.lifestoriesmontreal.ca, <http://storytelling.concordia.ca/refugeeyouth/blog>, and/or
<http://www.lifestoriesmontreal.ca/en/experiences-of-refugee-youth>

FUTURE CONTACT: I would like to be on the list serve to find out about future workshops or events where my work might be shown. Please contact me at: _____

I HAVE CAREFULLY STUDIED THE ABOUT AND UNDERSTAND THIS AGREEMENT. I FREELY AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

PARTICIPANT

NAME (in block letters) : _____

SIGNATURE : _____ DATE : _____

DATE OF BIRTH (optional) : _____

PLACE OF BIRTH (optional) : _____

POSTAL ADDRESS : _____

PHONE NUMBER : _____

EMAIL ADDRESS (optional) : _____

PROJECT ORGANISER:

NAME (in block letters) : _____

SIGNATURE : _____ DATE : _____

PROJECT DIRECTOR: Steven High

SIGNATURE : _____ DATE : _____

To be completed if participant is under 18 years of age:

I am the parent/legal guardian of the minor who has signed above, and I have read and understood the terms of this form. I agree to these terms and to the participation of said minor,

PARENT/LEGAL GUARDIAN

NAME (in block letters) : _____

SIGNATURE : _____ DATE : _____

This form is available in French and other languages as necessary.

If you have any questions concerning your rights as participant in this study, please contact Brigitte Des Rosiers, research ethics and conformity agent, Concordia University, at 514-848-2424, extension 7481 or by email at bdesrosi@alcor.concordia.ca.