Oral History Consent Form

This is to state that I agree to participate in a program of research entitled "From Balconville to Condoville?: The politics of urban change in post-industrial Montreal" being conducted by Dr. Steven High of the Department of History at Concordia University (514 848- 2424 x2413, shigh@alcor.concordia.ca) in collaboration with the Centre d'histoire de Montréal and Parks Canada (Lachine Canal).

PURPOSE: The purpose of the project is to examine urban change in Montreal's Saint-Henri, Point-Saint-Charles and Côte-Saint-Paul districts as well as the Lachine Canal itself. Deindustrialization, suburbanization and the building of expressways have affected these working class districts. These changes have also inspired community mobilization and resistance. Zones of affluence have likewise emerged with gentrification and the adaptive re-use of old industrial buildings. The project seeks to better understand the meaning of these changes.

PROCEDURES: The interview will be conducted at the location of the interviewee's choice. Typically, this is the home of interviewee, the interview room of the Centre for Oral History and Digital Storytelling or while walking outside. Interviewers will record participants' life stories using video, or audio depending on the interviewee's preference. Participants can choose to discuss any aspect of their lives and they may refuse to answer any questions. Interview sessions normally last up to two hours, but participants may take as long as they would like and are free stop at any time.

RISKS AND BENEFITS: Telling your life story can sometimes be upsetting and emotionally difficult. You are free to stop and take a break or discontinue at any time. As the research project will contribute to an exhibition, historic interpretation of the Lachine Canal, as well as in publications and audio tours, with your permission, your story will be heard.

CONDITIONS OF PARTICIPATION: (Please review the following conditions and options with the interviewer. Feel free to ask questions if they appear unclear.)

(Please read and check off the following boxes)			
\Box I understand that I am free to withdraw my consent at any time during the interview and discontinue from that point forward.			
☐ I agree that recordings of my interview will be stored at the Centre for Oral History and Digital Storytelling and/or at another Montreal-area archive for long-term preservation.			
In terms of identification and reproduction of my interview, I agree to: (Please choose only one option: option 1 (with only one sub-option: 1-A or 1-B) or option 2.)			
☐ OPTION 1: Open public access My identity may be revealed in any publications or presentations that may result from this interview. (Please choose only one sub-option: 1-A <u>or</u> 1-B.)			
□ SUB-OPTION 1-A I agree to the possible broadcasting and reproduction of sound and images of my interview by any method and in any media by researchers of this project. I consent that my interview, or portions of it, be made available on the internet through web pages and/or on-line databases of the project.	<u>OR</u>	☐ SUB-OPTION 1-B My interview may be accessed on-site by researchers and the public by viewing it but the sound and images should not be reproduced or disseminated.	
☐ OPTION 2: Anonymity My identity will be known only to the interviewer, project to my identity unless they gain special permission from		· · ·	

transcribed and approved by me, the recordings will be destroyed (though a copy of the interview will be given to me). The transcript will then become open public access and will potentially be broadcasted or reproduced by

any method and in any media.

In cases where personal photographs or documents are scanned or photographed: (Please choose only one option: 1 or 2)		
☐ OPTION 1 I agree to let the project researchers digitize personal photographs and/or documents for use in the project publications only and for their being archived with the interview recording		
<u>OR</u>		
□ OPTION 2 I agree to let the project researchers digitize personal photographs and/or documents for use in the project and for their being archived with the interview recording. I likewise give permission to let future researchers use these images in their publications.		
	STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. NTARILY AGREE TO PARTICIPATE IN THIS STUDY.	
INTERVIEWEE:		
NAME (please print)		
DATE AND BIRTHPLACE (optional)		
POSTAL ADDRESS		
PHONE NUMBER		
EMAIL ADDRESS		
SIGNATURE		
DATE		
INTERVIEWER:		
NAME (please print)		
SIGNATURE		
DATE		

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance Advisor, Concordia University, $\underline{514.848.2424}$ ex. 7481 $\underline{\text{ethics@alcor.concordia.ca}}$.