
CONFIDENTIALITY FORM**Tracking Change in the Mackenzie River Basin**

This form may be used for individuals hired to conduct specific research tasks, e.g., recording or editing image or sound data, transcribing, interpreting, translating, entering data, destroying data.

This is confirm that I, _____[NAME]_____ have been hired or have volunteered to [TRANSLATE/AUDIO AND VIDEO RECORD] for the Tracking Change project on the _____ [DATE] _____.

I agree to -

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.
3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.
4. after consulting with the *Researcher(s)*, erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).
5. other (specify).

(Print Name)

(Signature)

(Date)

Researcher / Witness:

(Print Name)

(Signature)

(Date)

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. It has been approved under REB #: Pro00094722. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615