

## **INFORMATION LETTER AND CONSENT FORM**

*You are being asked to give consent for your participation in a research study. Researchers are required to provide a consent form to give information about the research, convey that participation is voluntary, and explain risks and benefits of participation to help you make an informed decision. You should feel free to ask the researchers any questions you may have.*

*My name is Betül Alaca and I am a PhD candidate in the School and Clinical Child Psychology program at the Ontario Institute for Studies in Education of the University of Toronto. I am working under the supervision of Dr. Angela Pyle. I am conducting a research study to learn about how mosques function to support the wellbeing of Muslim communities in the Greater Toronto Area (GTA).*

**Title of Project:** (Re)introducing Mosques as Critical Spaces to Promote Wellbeing in Muslim Communities  
**Researcher and Title:** Betül Alaca (PhD Candidate) supervised by Dr. Angela Pyle (Assistant Professor)  
**Department and Institution:** Department of Applied Psychology and Human Development within the Ontario Institute for Studies in Education at the University of Toronto

### **1. What is the purpose of this study?**

You are being asked to give consent for your participation in a research study exploring how mosques in the GTA function to support the wellbeing of Muslim individuals, their families, and their wider communities.

### **2. What will I do as a participant?**

With your permission, I (as the researcher) will interact with you virtually through videoconferencing. I will ask you questions about the meaning that your local mosque holds to you and the role that the mosque plays in your wellbeing. This virtual interview will last approximately one hour. Access to a personal computer with video capabilities is required for virtual participation. As part of this research, we ask for your consent to audio and/or video record our conversations to aide in researcher recall. As part of my research, I may also observe virtual group programming that is taking place for individuals who attend a mosque.

### **3. What are the potential benefits of participating?**

You may not directly benefit from participation in this study. However, your participation may contribute to the understanding of how mosques in the GTA support the wellbeing of Muslim communities through the programs and services that they offer. In addition, this study may help us better understand the types of services that are, and can be, offered in mosques. Our findings may have larger implications for researchers, health care providers, and educators.

### **4. What are the potential risks of participating?**

As this study focuses on conversations about your involvement in routine mosque activities, I see no risk in your participation in this study. You may contact me as the Principal Investigator at any time via email if you have any questions or concerns: [betul.alaca@mail.utoronto.ca](mailto:betul.alaca@mail.utoronto.ca).

### **5. Will the information I share be kept private and confidential?**

The information and data for this study will be kept confidential to the maximum extent possible. Only I (Betül Alaca) and my supervisor (Dr. Angela Pyle) will have access to the data. Data will be encrypted and stored using pseudonyms for all persons on a password-protected computer for at least five years after the close of this study, after which time the data will be deleted and purged.

I may share what we learn in this study in publications or professional presentations with the wider community of researchers. However, I will never use your real name or any identifying information about

you. While names of mosques in the GTA might appear in my research, information that I share from interviews will never include the names of mosques. Pseudonyms will be used for participants in all interview transcripts, data analyses, and research dissemination such as publications and presentations.

It is also possible that a representative(s) of the Human Research and Ethics Program (HREP) at the University of Toronto may be granted confidential access to study related data and/or consent materials to ensure that proper procedures are being followed to protect participant information. All information accessed by the HREP will be upheld to the highest of confidentiality standards.

#### **6. What are my rights to withdraw from the study?**

Your participation in this study is voluntary. You can refuse to participate or withdraw your participation at any time without penalty by **emailing me, the researcher, at [betul.alaca@mail.utoronto.ca](mailto:betul.alaca@mail.utoronto.ca)**. You may choose not to answer specific questions or stop participating at any point in this study. Should you withdraw from this study, the researcher can delete any of your interview data upon your request.

#### **7. Will I be compensated as a participant in the study?**

You will not receive money or any other form of compensation for participating in this study.

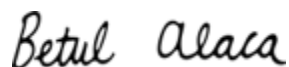
#### **8. How can I contact the researchers?**

If you would like to participate in this study, or have any questions or concerns, please contact myself, the Principal Investigator, at any time via email: [betul.alaca@mail.utoronto.ca](mailto:betul.alaca@mail.utoronto.ca). You can also contact my supervisor, Dr. Angela Pyle via email: [angela.pyle@utoronto.ca](mailto:angela.pyle@utoronto.ca).

*The study has been approved by the Research Ethics Office at the University of Toronto. If you have any questions related to your rights as a participant in this study, please contact the Ethics Review Office at [ethics.review@utoronto.ca](mailto:ethics.review@utoronto.ca) or 416-946-3273.*

**Thank you for considering participation in this study. Please see the page below to document informed consent should you agree to participate.**

Sincerely,



Betül Alaca  
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OISE, University of Toronto  
[betul.alaca@mail.utoronto.ca](mailto:betul.alaca@mail.utoronto.ca)



Angela Pyle  
Associate Professor  
Dr. Eric Jackman Institute of Child Study  
OISE, University of Toronto  
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**DOCUMENTATION OF INFORMED CONSENT**

I understand that I am allowed to contact the researchers with any questions if necessary, and I agree to participate in this research study. Please check the box below if you consent to participate.

\_\_\_\_\_ I consent to participating in this research study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Please initial the following as you see fit and/or agree to.**

\_\_\_\_\_ I consent to being audio recorded in this study.

\_\_\_\_\_ I consent to being video recorded in this study.

\_\_\_\_\_ I consent to having my photograph and likeness (including video-taped images) used in this study.

\_\_\_\_\_ I consent to having the researcher contact me in the future to follow-up on this research study.