

# Sharing the Stories

ID:

Your Name:

first name

last name

What is your birthdate?

Month:

Day:

Year:

## What is Sharing the Stories?

- Sharing the Stories (StS) is about amplifying voice so that programs, organizations, and communities can better support young people and their families. We hope you'll take this opportunity to have your voice heard!
- Your participation is voluntary: you do not have to participate if you don't want to.
- We're asking for your name so we can follow your journey over time.
- Your feedback is confidential: your name will not be associated with any results and program staff will not know how you responded
- There are no known risks associated with participating in StS.



## Online Registration

Sharing the Stories has an online portal where all the data we collect is stored. By registering as a user, you can login and complete surveys online, review your results, and update your profile. We encourage everyone to register as a user. Once this form is processed, you will receive an email confirmation.

Your email:

Your user code (password):

Please use a secure password containing a minimum of 8 characters, including at least one Capital letter and 1 number.

Organization:

Program:

Activity:



## Letter of Information and Consent Surveys

Study Title: Sharing the Stories

Name of Researchers: Nish Khanna, The Students Commission of Canada  
Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how participants engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

### **Why me?**

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact participants, their communities and the systems they live in. We think this research is important because participants should have a say in the decisions and policies that directly affect their lives and well-being.

### **What are the risks?**

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, which may upset or distress you. You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

### **How will it work?**

You are being asked to complete one or more surveys either on paper, through texting, or apps or social media on your phone. Depending on the number of surveys you are being asked to complete, this may take between 10 and 30 minutes. Your survey results will be added to the survey results of youth, young adults, and adults across the country and analyzed to identify trends and changes. No one will know how you answered any questions—your responses will be anonymized in the research. If you decide that you want to withdraw from the study, you can do so for three months after completing the study by contacting Nish Khanna at [nish@studentscommission.ca](mailto:nish@studentscommission.ca).

While most of this data collection will take place virtually, in regions and circumstances where it is safe and appropriate, data collection may occur in-person. There is a small possibility that during your data collection you could come into contact with someone with COVID-19. If this highly unlikely event happens, we are required by Public Health to keep your email address or phone number on file to share with them for contact tracing purposes.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

All forms that have identifying information on them, like your name, will be separated from your data and stored in separate envelopes in locked cabinets.

If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or [chair.GREB@queensu.ca](mailto:chair.GREB@queensu.ca).

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at [ben.kutsyuruba@queensu.ca](mailto:ben.kutsyuruba@queensu.ca) or 613-533-3049 or Nish Khanna at [nish@studentscommission.ca](mailto:nish@studentscommission.ca) or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the coach and/or find the Letter of Information on-line through the Sharing the Stories website

Please note: You have not waived any legal rights by consenting to participate in this study.

**The completion of the below that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:**

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

**By signing below, I consent to participate in this research study:**

I also consent to the following (check all that apply):

- Audio recording
- Video recording
- Use of quotes

Name of Participant:

Signature:

Date:

Signature of legal parent or guardian:

(if participant is under 12 years of age, the release must be signed by legal parent or guardian)

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Organization:	Program:	Activity:
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## About You

**Confidentiality:** Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

**Consent:**

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 20 minutes to fill out. It has 24 questions

Here are some questions about you. This information helps us understand who is participating in the activities and programs that we are working with. This information will also help us understand how youth engagement may be similar or different depending on age, gender, ethnicity, language, income and what part of the country you live in. You do not have to answer anything you do not want to; all questions are optional.

What is your birthdate? Month:

Day:

Year:

What gender do you identify with? (Please choose all that apply)

- |                                     |                                      |   |                                     |                                       |
|-------------------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Boy/Man    | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Third Gender   | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Bigender     |
| <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Trans       | <input type="checkbox"/> Gender-Neutral | <input type="checkbox"/> Agender    | <input type="checkbox"/> Gender fluid |

What cultural/ethnic group(s) do you identify with? (Please choose all that apply.)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> East African (e.g. Ethiopian, Eritrean, Somali, etc.)   | <input type="checkbox"/> Inuk   | <input type="checkbox"/> Southeast Asian (e.g. Cambodian, Laotian, Indonesian, Vietnamese etc.) | <input type="checkbox"/> Western European (e.g. British, French, etc.)                            |
| <input type="checkbox"/> West African (e.g. Nigerian, Ghanaian, etc.)            | <input type="checkbox"/> First Nations – status or non-status                         | <input type="checkbox"/> West Asian (e.g. Afghan, Iranian, Turkish, etc.)                       | <input type="checkbox"/> Eastern European (e.g. Ukrainian, Russian, etc.)                         |
| <input type="checkbox"/> Southern African (e.g. Zimbabwean, South African, etc.) | <input type="checkbox"/> Japanese   | <input type="checkbox"/> North American (e.g. Canadian, American, Mexican, etc.)                | <input type="checkbox"/> Southern European (e.g. Greek, Italian, Macedonian, etc.)                |
| <input type="checkbox"/> Arab  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Northern European (e.g. Swedish, Danish, etc.)                         | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Caribbean   | <input type="checkbox"/> Latin American   |   |   |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Métis  |   |   |
| <input type="checkbox"/> Filipino  | <input type="checkbox"/> South Asian (e.g. Indian, Pakistani, Sri Lankan, Tamil etc.) |   |   |

Do you consider yourself to be (Please choose all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bisexual (attracted to more than one gender)   | <input type="checkbox"/> Lesbian (woman attracted to other women)                  | <input type="checkbox"/> Asexual (a person who has no sexual attraction to other people)                                     |
| <input type="checkbox"/> Heterosexual/ Straight (attracted only to people who are not the same gender as you) | <input type="checkbox"/> Queer (anyone who does not identify as only heterosexual) | <input type="checkbox"/> Pansexual (not limited in sexual choice with regard to biological sex, gender, or gender identity.) |
| <input type="checkbox"/> Homosexual/Gay (attracted only to others of the same gender)                         | <input type="checkbox"/> Questioning (someone exploring their sexual orientation)  |  |

How do you identify (please choose all that apply)?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Indigenous         | <input type="checkbox"/> Not sure                                 |  |
| <input type="checkbox"/> A person of colour | <input type="checkbox"/> Other:                                   |  |
| <input type="checkbox"/> Black              | Please fill in description in Open Key Words box at end of survey |  |
| <input type="checkbox"/> White              |   |  |

Continued on next page.

What religion or belief system do you identify with? (Please choose all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Atheist (actively does not believe in God) | <input type="checkbox"/> Jainism                  | <input type="checkbox"/> Taoism   |
| <input type="checkbox"/> Baha'i                                     | <input type="checkbox"/> Judaism                  | <input type="checkbox"/> Agnostic   |
| <input type="checkbox"/> Buddhism                                   | <input type="checkbox"/> Hinduism                 | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Christianity                               | <input type="checkbox"/> Indigenous Belief System |   |
| <input type="checkbox"/> Confucianism                               | <input type="checkbox"/> Personal Belief System   |   |
| <input type="checkbox"/> Islam                                      | <input type="checkbox"/> Shinto                   |   |
|   | <input type="checkbox"/> Sikhism                  |   |

Were you born in a country other than Canada?

- Yes    No    I don't know

Were your parents born in a country other than Canada?

- Yes    No    One was    I don't know

Where do you live?

- In the country or on a farm    In a small town (at least 5000 people)    In a big town/small city (at least 10,000 people)    In a big city    On a reserve    In a fly-in community

Do you live more than an hour's drive from a city?

- Yes    No    I don't know

When you are at home or with your family, what language(s) do you usually speak? (Please choose all that apply)

- English    French    First Nations Language    Arabic  
 Bangla / Bengali    Cantonese / Chinese / Mandarin  
 Filipino / Tagalog    German    Gujarati    Hindi  
 Inuktitut    Italian    Korean    Nepali    Punjabi  
 Russian    Somali    Spanish    Tamil    Twi  
 Urdu    Vietnamese    Japanese

Do you have enough money to meet your basic needs (food, housing, clothing, health care)?

- Not at all    Hardly ever    Sometimes    Mostly    Always

Do you have enough money (from a job, parents/guardians, etc.) to do the fun things you'd like to do?

- Not at all    Hardly ever    Sometimes    Mostly    Always

Where do you live? (Choose one answer that best fits)

- In your parent's home    Homeless, not welcome at home, couch surfing    Homeless, on the street    With a guardian    Other: please fill in Key Word Box at end of survey  
 In your own home    In residence at school  
 In a group home    In foster care

Who do you live with? (Please choose all that apply)

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> Mom(s) Birth/ Adoptive | <input type="checkbox"/> Foster Parent(s)                        | <input type="checkbox"/> Girlfriend / Boyfriend    | <input type="checkbox"/> Parents share custody   | <input type="checkbox"/> Staff / Residents of group home              |
| <input type="checkbox"/> Dad(s) Birth/ Adoptive | <input type="checkbox"/> Other relatives                         | <input type="checkbox"/> Partner/Spouse            | <input type="checkbox"/> Pets                    | <input type="checkbox"/> Staff / Residents of closed custody facility |
| <input type="checkbox"/> Step Mom               | <input type="checkbox"/> Brother(s) / Sister(s)                  | <input type="checkbox"/> My Child / Children       | <input type="checkbox"/> Roommate(s) / Friend(s) |   |
| <input type="checkbox"/> Step Dad               | <input type="checkbox"/> Adopted / Foster Brother(s) / Sister(s) | <input type="checkbox"/> Aunt(s) / Uncle(s)        | <input type="checkbox"/> Live on my own          |   |
| <input type="checkbox"/> Guardian               |  | <input type="checkbox"/> Grandfather / Grandmother |  |   |

What is your primary caregiver's (e.g. parent, guardian) highest level of education?

- Doesn't apply or you don't know    Did not finish high school    Finished high school  
 Some college or university    Finished college or university    Finished graduate degree

Do you have a disability?    Yes    No

Continued on next page.

Do you have accessibility needs?

- Yes  No
- 

What city or town do you live in?

What province/territory do you live in?

- British Columbia  Alberta  Saskatchewan  Manitoba  Ontario  Quebec  New Brunswick  Nova Scotia  
 Prince Edward Island  Newfoundland and Labrador  Nunavut  Yukon  Northwest Territories
- 

What is your postal code?

What country do you live in?

Are you in school?

- Yes  No

What grade are you in?

- |                                       |                                  |                                   |                                     |   |
|---------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 8  | <input type="checkbox"/> Grade 12   | <input type="checkbox"/> Graduate Studies |
| <input type="checkbox"/> Grade 1      | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 9  | <input type="checkbox"/> Grade 13   | <input type="checkbox"/> CEGEP            |
| <input type="checkbox"/> Grade 2      | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> College    |   |
| <input type="checkbox"/> Grade 3      | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> University |   |
- 

If you are in school, what marks do you usually get? If you're not in school what grades did you last get?

- Below 50%  50%-59%  60%-69%  70%-79%  80%-89%  90%-100%
- 

What is your current work status?

- Working full time  Apprenticeship  Other: Please fill in description in Open Key Words box  
 Working part time  Not working at end of survey
- 

Up to 5 keywords which best describe you or descriptions not included in the survey that you want to tell us. Please separate each keyword with a comma. This will help us learn about what makes you unique and help to change future surveys so that there are better choices for people.

Organization:

Program:

Activity: