

Consent Form Template Sample

.....
Title of Study:

Investigator(s):

List Name, Position (e.g. student at College of the Atlantic, in Bar Harbor, ME), Field of Study, Telephone number, and E-mail for each investigator.
.....

Introduction

- You are being asked to be in a research study of [insert *general statement about study*].
- You were selected as a possible participant because [explain *how research subject was identified, include any exclusionary criteria*].
- I/We ask that you read this form and ask any questions that you may have before agreeing to participate in this study.
- The purpose of the study is [explain *research question and purpose in lay language*].
- Ultimately, this research may be [published *as part of a book on..., presented as a paper, archived as part of my senior project in CoA's library etc.*].

Description of the Research Methods

- If you decide to participate in this study, you will be asked to do the following: [explain *procedures and tasks; e.g. interviews, participation in activities, being under observation; requests for information. Identify any procedures that are experimental; describe length of time for participation, frequency and duration of procedures/interviews*]

Risks/Discomforts of Being in this Study

- The study has the following risks. First, [explain *first risk, including the likelihood of the risk*]. Second, [explain *second risk, including the likelihood of the risk*]. Third, ...
- [If *there are no foreseeable risks, state as such*] There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

Benefits of Being in the Study

- The benefits of participation are [explain *benefits of participation that will be gained by the participants and/or other. If a benefit is not likely to occur to each participant do not include*].
- [If *there are no expected benefits, state as such.*]

Confidentiality [choose *one of the following*]

- Information about your identity will be published. However, I will give you the opportunity to review and approve any material that is published about you. *Specify if you will allow them to decide on final content to be included or not.*
- The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. [If *audio or video tape recordings are made, explain specifically who will have access to them, if they will be used for educational purposes, and when and how they will be erased or destroyed.*] I/We will not include any information in any report we may publish that would make it possible to identify you.

Payments

- You will receive the following payment/reimbursement: [explain *amount of payment or other reimbursement information (e.g., class points, tokens, donations,*

etc.), as well as when payment and/or reimbursement will occur and in what cases payment will not occur if any. If there will be no payment, state this.]

Right to Refuse or Withdraw

• The decision to participate in this study is up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study or College of the Atlantic. You have the right to not answer any question, as well as to withdraw completely from the study at any point during the process.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, [name] at [email] or by telephone at [phone number].
- If you have any problems or concerns that occur as a result of your participation, you can report them to College of the Atlantic’s Ethical Research Review Board (ERRB) at: errb@coa.edu.

Consent

Your signature below indicates that you have decided to participate as a research subject for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

.....

Name (print): _____
Signature: _____ Date: _____ Signature of Investigator(s): _____ Date: _____

..... **[if using audio or video recording, use this section for signatures:]**

1. I agree to be [audio or video] recorded for this interview:

Name (print): _____
Signature: _____ Date: _____
Signature of Investigator(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be recorded:

Name (print): _____
Signature: _____ Date: _____
Signature of Investigator(s): _____ Date: _____

3. I consent for my name to be used: _____
Signature Date

4. I do not consent for my name to be used, and request that all identifying information about me be kept confidential

Signature Date