

FORMATTING FOR CONSENT FORM

- ✓ Use understandable, non-technical language at an 8th grade or lower reading level.
- ✓ Write the document in the 2nd person (i.e., you, your) and keep the pronoun usage consistent throughout the document. This consent form may also be adapted for parental consent.
- ✓ Use at least 12 pt. font.
- ✓ Ensure that margins are at least 1” on all sides.
- ✓
- ✓ Include a revision date and “Page X of Y” on all pages, and space for participant initials on all but the signature page.

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

My name is . I am a graduate/undergraduate (choose one) student in the Department of at Union University. You are being asked to volunteer for a research study. You were selected as a possible participant because [Explain how subject was identified]. Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study:

The purpose of this study is: [Explain research question and purpose in lay language].

Procedures:

If you agree to be in this study, you will be asked to do the following things: [Explain tasks/procedures. Identify video/audio taping, assignments to study groups, length of time for participation, freq. of procedures] .

Risks and Benefits of Being in the Study:

The study has the following risks [Include physical, psychological/economical/etc. Explain in order of severity-include likelihood. If significant psychological risks, subject should be told under what conditions the researcher will terminate the study. If there are no identifiable risks associated with participating in the study, state that fact here].

The benefits to participation are: [If no benefits, please state that fact here].

Compensation:

As a token of appreciation for your time and participation in this study (IF APPLICABLE) [Include payment/reimbursement information-include class points or other tokens. Explain when disbursement will occur and conditions of payment. If there is no compensation, please state that fact here.]

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not result in penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, but change your mind later, you may withdraw from the study at any time.

Confidentiality:

The records of this study will be kept private. In published reports, there will be no information included that will make it possible to identify the research participant. Research records will be stored securely [Please specify procedures- when and how data will be stored and when it will be destroyed] and only approved researchers will have access to the records. [If tape recordings/videotapes are made, explain who will have access, if they will be used for education purposes, and when they will be erased]. If you withdraw from the study after it has begun, your information will be destroyed immediately.

REMOVE IF NOT NEEDED:

Participants' names will not be linked with their responses unless the participant specifically agrees to be identified. Please select one of the following options.

- I prefer to leave my identity unacknowledged when documenting findings; please do not release my name when citing the findings.
- I consent to the use of my name when recording findings and that I may be quoted directly.

REMOVE IF NOT NEEDED:

Audio Taping Of Study Activities:

To assist with accurate recording of participant responses, interviews may be recorded on an audio recording device/video recording device. Participants have the right to refuse to allow such taping without penalty. Please select one of the following options.

- I consent to the use of audio recording.
- I do not consent to the use of audio recording.

REMOVE IF NOT NEEDED:

Video Taping Of Study Activities:

To assist with accurate recording of participant responses, interviews may be recorded on a video recording device. Participants have the right to refuse to allow such taping without penalty. Please select one of the following options.

- I consent to the use of video recording.
- I do not consent to the use of video recording.

REMOVE IF NOT NEEDED:

Photographing of Study Participants/Activities:

In order to preserve an image related to the research, photographs may be taken of participants or research related settings. Participants have the right to refuse to allow photographs to be taken without penalty. Please select one of the following options.

- I consent to the use of photographs.
- I do not consent to the use of photographs.

Contacts and Questions:

You are encouraged to contact the researcher or the researcher's advisor if you have any questions. (Include contact information for you and your advisor.)

If you have any questions about your rights as a research participant, you may contact Union University – Institutional Review Board Office at 731-661-5580 or irb@uu.edu.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

STATEMENT OF CONSENT

I have read the above information. I have had the opportunity to ask questions and have received satisfactory answers. I consent to participate in the study.

Signature of Participant

Date

Signature of Researcher

Date