SAMPLE CONSENT FORM

My name is ___________. I am a graduate student/faculty member in the department/school/college of ________________ at Southern Illinois University Carbondale.

I am asking you to participate in my research study. The purpose of my study is to_________.

Participation is voluntary. If you choose to participate in the study, it will take approximately ______________ minutes of your time. You will ____________ (describe exactly what you will ask the person to do). The minimum age to participate is 18/19 years of age. (If this is a national survey then you must use 19 years of age but if it is an Illinois only survey you may use 18 years of age.)

There is no penalty for not participating or for withdrawing from the study. (if applicable, there will be no effect on grades/class standing/services rendered if you choose not to participate or to withdraw.) If you want to withdraw, you should___________. Any information submitted prior to your withdrawal will be_________.

Your responses will be audio/video recorded. If you choose not to have your responses recorded, I will _______________. These recordings will be transcribed/stored and kept for (period of time) in (location). Afterward, these recordings will be destroyed and any retained data will be deidentified. Please do not use individual names or locations in your responses to protect the privacy of nonparticipants.

All your responses will be kept confidential within reasonable limits. Only those directly involved with this project will have access to the data. I will take all reasonable steps to protect your identity. (state that responses are anonymous, if applicable)

You may skip any question that you would prefer not to answer.

The anticipated risks of this study are __________. The anticipated benefits are __________.

Compensation in the amount of ______ will be offered if you successfully complete this study. (If compensation is offered. If it is not, you may omit this sentence, or you may state that there is no compensation offered.) (If there will be a drawing [do not use the word raffle], please indicate how many items will be drawn for and how many participants are anticipated.)

If you have any questions about the study, please contact me. (or my advisor, if applicable)

(Put your name and email here) (Add your advisor’s name, department, email, and telephone number.)

I have read the information above and any questions I asked have been answered to my satisfaction. I agree to participate in this activity and know my responses will be tape recorded. I understand a copy of this form will be made available to me for the relevant information and phone numbers.
“I agree _____ I disagree _____ to have my responses audio/video recorded.”

“I agree_____ I disagree _____ that (researcher name) may quote me directly, but anonymously/with a pseudonym in their paper”

Participant signature and date

This project has been reviewed and approved by the SIUC Institutional Review Board. Questions concerning your rights as a participant in this research may be addressed to the committee chairperson, Office of Research Compliance, SIUC, Carbondale, IL 62901. Phone (618)453-4534. E-mail: siuhsc@siu.edu