**RESEARCH PARTICIPATION CONSENT FORM**

***INSTRUCTIONS: Delete this section before finalizing the consent form and submitting for IRB review. The template should be modified as appropriate for your study. Provide relevant information in the sections below, replacing italicized directions/guidance (anything in this font color) with information specific to your study, and deleting sections that do not apply to your research.***

Study Title:

Researcher:

Faculty Advisor:

Program: *Insert your school or program, followed by, Southern Illinois University Carbondale (i.e., School of Education, Southern Illinois University Carbondale).*

**Study Purpose**

The purpose of this research is to….

*Provide a clear and concise purpose statement. The purpose should be stated in plain language and avoid technical terms or academic jargon.*

**Activity Description and Time Commitment**

If you agree to participate in this study, you will take part in an interview. The interview will take *(list how long the interview will take).* During the interview, I will ask you questions about *(explain the kinds of questions you will ask)*. You may skip any question you do not wish to answer.

*Explain in simple, non-scientific language what will happen to the participant or what s/he will be asked to do in the study.* ***Describe the participant time commitment for each component, as well as the total time for participation****. If there is a possibility that participants will be contacted for future interviews or other measures, include that as well.*

**Minimum Age to Participate**

To participate in this study, you must be *\_\_\_\_\_\_* years of age.

***Participants must be 18 years of age or older to give consent (19 if the sample population includes Nebraska residents).*** *If your study involves minors, their parent or guardian must sign a consent form and the underage person must sign a separate assent form, written for their specific age group, if they are able. Sample assent forms can be found on the IRB website.*

**Participation is Voluntary**

Your participation is voluntary. There is no penalty for choosing not to participate or for withdrawing your participation at any time. If you wish to withdraw your participation, you may do so by *(include how participants can withdraw, e.g., by informing the PI verbally or by email)* If you withdraw your participation I will *(describe what will happen to any data submitted by participants prior to withdrawal, e.g., if partial data will be used in the research study or destroyed).*

There will be no effect on grades, class standing, or services rendered if you choose not to participate or withdraw. *(This should be used only If participants are students or otherwise receive direct services from a provider involved in the research project).*

*If completing all research materials (e.g., answering all survey or interview questions; meeting a minimal requirement of entries in a weekly/monthly log) is required for participation and/or compensation, you must make this condition clear.  State that people can choose not to participate if they are uncomfortable with these conditions.*

**Risks and Benefits**

Potential risks of this study are...

*In simple, non-scientific language, describe any reasonably foreseeable risks or discomforts. Possible examples include: emotional risks (e.g., feelings of sadness or anxiety); social or economic risks (e.g., loss of confidentiality; effect on financial standing, employability, or insurability); emotional risks (e.g., feelings of sadness or anxiety); physical risks (e.g., nausea, muscle aches, rashes, infection, discomfort)*

Potential benefits of this study are...

*Describe any probable benefits of participation. Be sure to distinguish between a likely direct benefit (e.g., from therapeutic or intervention research) and a possible indirect benefit (e.g., reflecting on an experience may lead to a better understanding of oneself).* ***If there are no direct benefits, indicate that there are none.***

***Describe the expected benefits to society or scientific knowledge: e.g., “…information from this study may benefit other people now or in the future…” or “…we hope to learn more about \_\_\_\_\_\_\_ …”***

*Note: Compensation, financial incentives, learning about how experiments are conducted, receiving a gift, or earning extra credit for being a research participant**are* ***not*** *“benefits” and should not be listed here.*

 **Incentives** *(If no incentives are being offered, this section can be removed)*

*Indicate whether the participant will receive incentives/compensation or extra credit for being in the study. Please list the exact amount of compensation or credit a participant will receive. If students will receive course credit for participation, ways of earning equivalent credit without participating in the research should be described here.*

*Note: the IRB encourages researchers using gift cards as compensation to contact the procurement office regarding additional requirements.*

**Privacy/Confidentiality/Data Security**

*Explain briefly, and in lay terms,**how you will protect the participant’s privacy and/or confidentiality.*

We will take all reasonable steps to protect your identity. Identifiable data will be stored in *(describe any measures taken to protect the security of data/research files, how sensitive data will be kept secure in an electronic environment, etc.).* Only members of the research team will have access to identifiable data. However, federal or state laws may require us to show information to university or government officials (or sponsors) who are responsible for monitoring the safety of this study.

*Note: study populations involving minors, elderly adults, and individuals with diminished physical or mental capacity may require a mandated reporter statement.*

*Note: that there is a difference between confidentiality and anonymity. If participants are anonymous, the researcher will have no way of knowing who they are. If participant identities are confidential, the researcher will know who they are, but will not disclose that information.* ***DO NOT*** *state that your study is anonymous if it is really confidential.*

**Sharing De-identified Data Collected in this Research**

*(****If you may share data without identifiers:*** *Certain sponsors now require researchers to make available their de-identified data to the research community, as do a growing number of journals. If you choose not to include the following language and later wish to share de-identified data, you may not be able to do so without re-contacting participants to obtain consent.)*

De-identified data from this study may be shared with the research community at large. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee the confidentiality of your personal data.

**Audio/Video Recording**

*If audio and/or video recording devices will be used, state what will be done with the recordings upon completion of the research (for example, will transcripts be stored indefinitely, archived after transcription, destroyed after a minimum of 3 years).*

Please sign below if you are willing to take part in this study, have this interview recorded *(specify audio and/or video),* and to be quoted using a pseudonym by the researcher/s. You *may/may not* still participate in this study if you are not willing to have the interview recorded.

I do not want to have this interview recorded \_\_\_\_\_

I am willing to have this interview recorded \_\_\_\_\_

I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Signed: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Consent forms require an official signature. This can be either a wet signature or an electronic signature configured through Adobe, DocuSign, etc.*

**If You Have Questions**

Please contact me, *(your name),* from the school of *(your SIU school),* at *(SIU email and include office phone* *number if faculty)* with any questions.

*If you are a student, please also include the following:*

My faculty advisor is *(advisor name)* from the school of *(advisor school)* and can be contacted at *(advisor’s SIU email and office phone number).*

*The following approval statement must be included at the bottom of your consent form, verbatim:*

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