

Appendix D

Sample Basic Consent Form

CONSENT FORM

(Insert Title of Study)

I have been asked to participate in a research study (*Insert general statement about study, including if it is a degree requirement*). I was asked to be a possible participant because (*Explain how participant was identified*). A total of (*Insert number of test subjects*) people have been asked to participate in this study. The purpose of this study is (*Explain research question and purpose in lay language*).

If I agree to be in this study, I will be asked to (*Explain tasks and procedures: Participants should be told about video or audio taping, if participation will be affected if participant does not want to be video or audio taped, and assignment to study groups where applicable*) This study will only take (*Insert length of time for participation, frequency of procedures, etc.*) The risks associated with this study are (*Risk must be explained, including the likelihood of the risk*). The benefits of participation are (*Insert benefit(s); if no benefits, state that fact here.*)

I will receive (*Insert payment or reimbursement information, if no monetary compensation, state that fact here. If participants receive class points or some other token, include that information here and alternative task in case participant does not want to participate in study but wants to obtain class points. Explain when disbursement will occur and conditions of payment. For example, if monetary benefits will be prorated due to early withdrawal.*) This study is (*anonymous or confidential – it cannot be both -- and describe how this will be accomplished*). The records of this study will be kept private. No words linking me to the study will be included in any sort of report that might be published. Research records will be stored securely and only (*Insert names of individuals who will have access to this data*) will have access to the records. (*If tape recording or videotapes are made, explain who will transcribe the tapes, who will have access, if they will be used for education purposes, and when they will be erased.*) I have the right to get a summary of the results of this research if I would like to have them.

I understand that my participation is strictly voluntary. My decision regarding my participation will not affect my current or future relations with Argosy University (*include any other cooperating institutions, insert names here*). If I decide to participate, I am free to refuse to answer any of the questions that may make me uncomfortable. I can withdraw at any time without my relations with the university, job, benefits, etc., being affected. I can contact (*Insert your name and contact information and advisors name and contact information*) with any questions about this study.

I understand that this research study has been reviewed and Certified by the Institutional Review Board, Argosy University – (*Insert location*). For research-related problems or questions regarding participants' rights, I can contact the Institutional Board at (*Insert contact info*).

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form. By signing this document, I consent to participate in the study.

Name of Participant (printed) _____

Signature: _____ Date: _____

Signature of Principal Investigator: _____

Date: _____

Information to identify and contact investigator (address, telephone, etc.)

Add if seeking consent for a minor (under age 18) to participate

If giving consent for a Minor Child to participate, print child's name: _____

Relationship to Child (please identify the relationship)

Legal Guardian (appointed by) _____

Note: All informed consent statements should be designed to meet the needs of each individual research project and / or sample group and are therefore subject to change as needed.

Approval by parents does not sign away or negate the right of children to refuse to participate.
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Each child's assent form must contain the above elements, state that participation is voluntary, and permit the child to refuse to participate.

Alternative Consent Form

Use these as model statements for survey/interview cover sheets or as introductory statements (according to your chairperson)

Dear _____,

You are cordially invited to participate in a research study. The purpose of this research study is to *(briefly describe the purpose of your study, including that the research study is a degree requirement)*. You are being asked to participate because *(describe why this participant was selected)*. If you participate in this research, you will be asked to *(describe what your participants will be asked to do, what information they will be asked to provide--demographic, attitudinal, test scores, physical measures, etc., and describe any potential risks or discomforts to the participant)*.

Your participation will take approximately *(insert approx. length of time needed to participate and/or duration of the project itself)*.

Your participation in this research is strictly voluntary. You may refuse to participate at all, or choose to stop your participation at any point in the research, without fear of penalty or negative consequences of any kind.

The information/data you provide for this research will be treated confidentially, and all raw data will be kept in a secured file by the principal investigator. Results of the research will be reported as aggregate summary data only, and no individually identifiable information will be presented. *(Note - These statements must be true. If you cannot abide by these procedures for assuring confidentiality, you must describe the procedures you will follow.)*

You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by contacting the principal investigator at the address below:

(Insert your name and mailing address here.)

There will be no direct or immediate personal benefits from your participation in this research. *(Describe any benefits to the participant personally, if any exist. Otherwise, insert the "No direct or immediate" statement.)*

Or use: the results of the research may contribute *(Describe any potential benefits practical or theoretical) to the field, the profession, or to society as a whole.*

I understand that this research study has been reviewed and Certified by the Institutional Review Board, Argosy University – (*Insert location*). For research-related problems or questions regarding participants' rights, I can contact Argosy's Institutional Board at (*Insert contact info*).

I have read and understand the information explaining the purpose of this research and my rights and responsibilities as a participant. My signature below designates my consent to participate in this research study, according to the terms and conditions outlined above.

Signature _____ Date _____

Print Name: _____

(The participant should retain one of the two copies of the consent letter provided by the principal investigator.)

If giving permission for your minor child to participate in the research study, please print the child's name here: _____

Relationship to Child (*circle*) Male Parent Female Parent

Male Grandparent Female Grandparent

Other Male Relative Other Female Relative

(*specify*) _____ (*specify*) _____

Legal Guardian (*appointed by*) _____

Please note that children under 18 years of age must have parental permission to participate in a research study and that a separate assent (agreement) form or statement is required for the child's participation. That statement may be included in this form or attached as a separate document.

Note: All informed consent statements should be designed to meet the need of each individual research project and/or sample group and are, therefore, subject to change as needed.

Model Oral Instructions to Participants Involved in Survey Research

Note: The following statement (because it is included in the letter of consent) may be included on the first page of a paper survey. This statement must be included in online surveys.

The purpose of this research study is to (*fill in the blank - e.g., "compare opinions, examine perceptions, etc."*). By completing and submitting this survey, you are giving your consent for the principal investigator to include your responses in his/her data analysis. Your participation in this research study is strictly voluntary, and you may choose not to participate without fear of penalty

or any negative consequences. Individual responses will be treated confidentially. No individually identifiable information will be disclosed or published, and all results will be presented as aggregate, summary data. If you wish, you may request a copy of the results of this research study by writing to the principal investigator at *(fill in your name and address here)*.