Template for Informed Consent Form

Introduction

The Department of _____ at Benedictine College supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. Refusal to participate or a decision to withdraw from the study will not result in a penalty of any kind for you.

Purpose of the Study

Provide a brief description of the purpose of the study.

Procedures

Provide a brief description of the procedures that will be followed, and the anticipated time commitment for the participants (i.e., tell prospective participants what they will be doing. For example, "In this study, participants will provide their reactions to a list of words presented to them on a computer screen and complete a brief demographics questionnaire. It is anticipated that this will take no more than 20 minutes of your time").

Risks and Benefits

Insert a description of any burdens, inconveniences, pain, discomforts, and risks associated with participation in the study. If no risks are anticipated, this should be stated explicitly.
Insert a description of the potential benefits, if any, to the research participant. Specify if these are direct benefits to the participant, or indirect benefits (e.g., to society). If there are no anticipated benefits, this should be explicitly stated.

Payment to Participants

If participants will be paid, insert a statement regarding how much and on what schedule, and include the following statement: Because you are being paid, the researchers may ask for your social security number in order to comply with federal and state tax and accounting regulations.

Confidentiality Statement

For this study, the researchers will collect information about you. This information will be obtained from the study activities that are listed in the Procedures section of this Consent Form. In addition, information will be obtained from [*insert description, e.g., a health questionnaire that you complete; the Registrar's Office].* Your name will not be associated in any way with the information collected about you or with the research findings from this study. The researcher(s) will use a study number, initials, or a pseudonym instead of your name.

The information collected about you will be used by [*list anyone who will have access to the data, including the student research director, co-researchers, faculty advisor. List any persons or groups external to the College with whom the researchers may disclose the information, and*

include a statement about the purpose of the disclosure]. Again, your name will not be associated with the information disclosed to these individuals.

Participant Certification

I have read this Consent Form. I have had the opportunity to ask, and I have received answers to, any questions a had regarding the study and the use and disclosure of information about me for the study. I understand that if I have any additional questions about my participation in this study, I may contact the researchers listed at the end of this form.

I agree to take part in this study as a research participant. I further agree to the uses and disclosures of my information as described above. With my signature I affirm that I am at least 18 years old and that I have received a copy of this Informed Consent form to keep.

_____ _____

Print Participant's Name Date

_____

Participant's Signature

Researcher Contact Information

John Doe
Student Research Director
Phone number
email address

Dr. Jane Doe
Principal Investigator
Department
Campus address
Phone number
email address