Informed Consent Form

You are invited to take part in a research study about [indicate what your study is about using everyday language and no jargon]. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study seeks [indicate sample size needed] volunteers who are:

* [Inclusion criteria 1]
* [Inclusion criteria 2]
* [Inclusion criteria etc.]

This study is being conducted by a researcher named [provide your name], who is a [faculty/staff] at Anoka Ramsey Community College.

**Study Purpose:**

The purpose of this study is to [indicate the purpose of your study using everyday language and no jargon].

**Procedures:**

This study will involve you completing the following steps (approximate time for each step is included):

* [Step 1 starts after informed consent is given (include number of minutes estimated for each step)]

Here are some sample questions:

* [Include a couple questions from the demographic items collected (if applicable) as well as a few from the survey or interview.]

**Voluntary Nature of the Study:**

Research should only be done with those who freely volunteer to participate. So, everyone involved will respect your decision to participate in the study or not.

If you decide to join the study now, you can still change your mind later. You may stop at any time.

If the researcher is the faculty who is teaching your course, you have the right to decline participation in the study without it affecting your participation in the course and/or course grade. Just because the faculty teaching your course is asking for volunteers to participate from students it does not mean that you must participate. If you feel that you must participate due to the dual relationship that the faculty member has with you (instructor and researcher) or feel uncomfortable participating due to the dual relationship, please feel free to contact the ARCC Research Participant Advocate at 763-433-1185.

**Risks & Benefits of Being in the Study:**

Being in this study could involve some risk of minor discomforts that can be encountered in daily life such as sharing sensitive information. With the protections in place, this study would pose minimal risk to your well-being.

This study offers [no direct/direct] benefits to individual volunteers. The aim of this study is to benefit [society/current students/future students] by ­­[indicate possible benefits].

**Payment:**

[Indicate if there is no payment for participation or if they will be given some type of incentive for participation. If an incentive is given, it needs to be given to every participant. If a participant discontinues participation, they should still receive the incentive.]

**Privacy:**

The researcher is required to protect your privacy. Your identity will be kept [anonymous/confidential], within the limits of the law. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or any details that could identify you in the study reports.

Data will be kept secure by [indicate how you will keep data secure—password protected data files, password protected computer/thumb drive, locked office, etc.)].

**Contacts and Questions:**

You can ask question of the researcher by contacting them at [email] or [phone]. If you want to talk privately about your rights as a participant or any negative parts of the study, you can contact the ARCC Research Participant Advocate at 763-433-1185

The ARCC approval number for this study is **IRB will enter approval number here**. It expires on **IRB will enter expiration date.**

You might wish to retain a copy of the consent form for your records. You may ask the researcher for a copy.

**Obtaining Your Consent:**

If you feel you understand your study and wish to volunteer, please indicate your consent by \_\_\_\_\_\_\_\_\_\_.

\*\*\*The way that you will collect consent depends on how you are collecting your data.

* For online surveys: You can put the statement above as a question in your survey after the informed consent and then end the statement with *please indicate your consent by indicating yes or no below.* If they answer “yes” they would go to the first item on your survey. If they answer “no” they would be exited from your study/survey.
* For interviews, or other data collection in person where you want a signed copy of the informed consent, you should include *please indicate your consent by filling out the information below:*

*Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Participant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*