RESEARCH PARTICIPATION CONSENT FORM

INTRODUCTION: You are invited to participate in a research study conducted at Wells College. The investigator of the study is [state your name and relevant characteristics such as student majoring in topic.] You were chosen to participate in the study because [state relevant characteristic(s) of your sample, e.g. you are a student in college, you are a teenager enrolled in an alternative high school, you are an experienced musician] Approximately [number] participants will be enrolled in this study. Participation should require about [state amount of time] of your time. Participation is entirely voluntary; you may withdraw from the study at any time without consequences.

PURPOSE: The purpose of the study is to investigate [state the main research question in everyday language.] Results of the study [state what you intend to do with the results, e.g. will be summarized and presented in a class assignment, will be summarized in a senior capstone project in the ___ department, may be presented at a professional conference or in a manuscript for publication.]

PROCEDURES: If you decide to participate in the study, [describe procedures, including their specific purpose, location and frequency. If activities are to be audio- or videotaped, state this. Include sample questions or the kinds of data that will be collected.]

RISKS, INCONVENIENCES, AND DISCOMFORTS: [State them here. Example: “There are no known major risks to your participation in this research study. It may be inconvenient for you to fill out a long questionnaire. Some of the questions on the survey may cause mild emotional discomfort.” Follow with an example of such a question.]

POTENTIAL BENEFITS: There are no major benefits to you for your participation, but a potential benefit may be [e.g. the experience of participating in research. If there is compensation, describe here.]

ANONYMITY: [only if applicable] Records of information that you provide for the research study and your personally identifying information (name or other characteristics) will not be linked in any way. It will not be possible to identify you as the person who provided any specific information for the study.

[OR—REMEMBER TO DELETE THE SECTION THAT DOES NOT APPLY!]

CONFIDENTIALITY: [only if applicable] Records of your participation in this study will be held confidential as far as is permitted by law. The case records from this study will be available for review by members of the Institutional Review Board (IRB) at Wells College. [If information will be released to any other group or agency, for any reason, state the name of the agency, the nature of the information, and the purpose of the disclosure] Individual participants’ data will be kept separate from identifying information and [state how confidentiality will be preserved, e.g. will be linked only by a code that will be kept in locked storage to which only the researcher will have access. If you are using focus groups, you must say that the researcher cannot guarantee the confidentiality of information shared during focus groups.]

You are encouraged to ask any questions, at any time, that will help you to understand how this study will be performed and/or how it will affect you. You may contact the investigator, [state your name and a contact telephone number [faculty only] or e-mail address] or the investigator’s faculty advisor [state professor’s name and a contact telephone number or e-mail address.]

If you have any questions or concerns about this study or your rights as a study participant, you may contact the Institutional Review Board, Wells College at irb@wells.edu.
Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

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