Informed Consent Form
(draft template)
ANTH 410/510 Ethnographic Research Methods (may delete this title)

Project Title: (write out your title)_____________________________________________________

Principal Researcher(s): (write out your name)__________________________________________

I, ______________________________, the interviewee’s full name, state that I am over 18 years of age, and freely and voluntarily wish to participate in the research being proposed above.

Description of purposes and explanation of procedures (that you will provide, either orally or in written format here, to your interviewee, covering each of these key points. Your interviewee may request a written form, for be prepared to have one. If orally presented, write out as an outline narrative):

1.) A statement that the study involves research. (you develop per your project)
2.) An explanation of the purposes of the research. (you develop per your project)
3.) The expected duration of the subject's participation. (you develop per your project)
4.) A description of the procedures (including methodology) to be followed. (you develop per your project)
5.) A description of any reasonably foreseeable risks or discomforts. (you develop per your project; it maybe none, but state so)
6.) A description of any benefits to the subject, or to others which may reasonably be expected from the research. (you develop per your project)
7.) A statement describing the extent, if any, to which confidentiality of data and privacy of subject(s) will be maintained. (you develop per your project)
8.) An explanation of whom to contact for answers to pertinent questions about the research, subject’s rights, and research related injury to the subject(s). (you develop per your project - that would be you, the IRB and sponsoring faculty)
9.) A statement that participation is voluntary. (state this)

I acknowledge that ______________________________(your name as the principal researcher) has fully explained to me the purposes and procedures, and the risks of this research; he/she has informed me that I may withdraw from participation at any time without prejudice; and has informed me that I will be given a copy of this consent form. I freely and voluntarily consent to my participation in the above mentioned research project.

I waive ______ or do not waive ______ the right to confidentiality, i.e., my name may or may not be used in the research.

List any special stipulations or conditions established by the interviewee in the conduct or disposition of this project:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Signature of Interviewee:_________________________________________________________

Signature of Principal Researcher:_______________________________________________

Date:________________

(Include your own contact information: phone number, e-mail, and mailing address)

This project has been properly filed as required by Federal, State, and University of Idaho procedures, and has been reviewed and approved by the University of Idaho’s Institutional Review Board (Office of Research Assurances). You can contact them at:

Institutional Review Board Chair
University of Idaho
208-885-6240
irb@uidaho.edu
http://www.uidaho.edu/ora/committees/irb

My sponsoring faculty advisor is Rodney Frey, Professor of Anthropology. He can be contacted at (modify per Principle Investigator’s (PI) or faculty advisor’s name):

Rodney Frey
University of Idaho
208-885-6268
rfrey@uidaho.edu