**Informed Consent Form**

 A Family Oral History

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Researcher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (interviewee), 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 **(provided by the researcher in oral or written form to the interviewee – re-write the following to reflect your particular interview project**):

1. A statement that the study involves research.

2. An explanation of the purposes of the research.

3. The expected duration of the subject’s participation.

4. A description of the procedures (including methodology) to be followed.

5. A description of any reasonably foreseeable risks or discomforts.

6. A description of any benefits to the subject, or to others which may reasonably be expected from the research.

7. A statement describing the extent, if any, to which confidentiality of data and privacy of subject(s) will be maintained.

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).

9. A statement that participation is voluntary.

I acknowledge that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (principal researcher) has fully explained to me the purposes and procedures, and the risks of this research; he 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 (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 on the back.

Signature of Interviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Signature of Principal Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_