Template for a Consent Form

Copy, Paste, and Overwrite if Desired

1. The University of Idaho Institutional Review Board has approved this project.

2. The purpose of this study is to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. You will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The study should take approximately \_\_\_\_\_\_\_\_\_hours.

4. You need to describe any possible discomforts and risks to the participant. If there is more than minimal risk, a description of each risk and what actions will be taken must be included.

(e.g., Although there are no or minimal risks associated with the project, some people find the time to complete the project is long)

5. You need to describe how the project will benefit the participant AND society.

(e.g., You will benefit from this project by helping us understand what “river enthusiasts” want at this park. Society will benefit because it will help us create better park facilities.)

6. If appropriate, provide a statement describing other beneficial alternative treatments or options.

(e.g., Although you may take this new drug for your depression, there are other treatments such as counseling or other drugs that have been shown to help depression as well)

7. Provide a statement that new information developed during the course of the research which may relate to the participant’s to continue participation will be provided to the participant.

(e.g., If we find the interview is creating stress or emotional difficulty for you, we will stop the interview)

8. If appropriate, provide a description **how** anonymity or confidentiality will be maintained.

(e.g., All information you provide will be placed in a locked file cabinet with access only available by the myself and my faculty sponsor (Dr. Smith)

9. A statement that participant’s questions will be answered now or at a later date.

(e.g., If you have questions about the study or interview, you can ask the investigator during the interview, when the interview is complete, or at a time you feel is appropriate.)

10. Provide your name, departmental address, and phone number in a listing format. If a student, provide similar information for your faculty sponsor.

Investigator Faculty Sponsor

 John Doe Jane Doe

 University of Idaho University of Idaho

 Department of Social Studies Department of Social Studies

 Moscow, ID 83844-0000 Moscow, ID 83844-1234

 Ph. 208-884-1111 Ph. 208-885-0000

11. You must provide a statement that participants may refuse to participate at any time with no penalty. In case of partial payments, these must be described.

(e.g., During the course of this study, you may stop at any time with no penalty, if you do decide to stop, you will still receive $20 for your participation, or $10 for every half hour you participated in the project)

12. You must provide a statement describing the consequences of a participant’s decision to withdraw from the research and procedures for orderly termination of participation by the participant.

(e.g., If you do stop your participation in the study, there will be no penalties associated with your withdrawal. All you need to say is that I no longer wish to participate).

13. A statement and signature line for the participants.

I have reviewed this consent form and understand and agree to its contents.

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Witness name (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Line \_\_\_\_\_\_\_\_\_\_\_\_\_

14. A signature line for the researcher.

Researcher’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_