**RESEARCH CONSENT FORM**

**PROJECT TITLE:** *[Insert Title of Project]*

**RESEARCHER(S):** *[Name, title, department, Gettysburg College]*

 *[email, phone number]*

**FACULTY SPONSOR (if student)** *[Name, title, department, Gettysburg College]*

 *[email, phone number]*

**DATE:** *[Insert date]*

**STATEMENT OF RESEARCH**

Your consent is being sought to participate in a research project conducted by the individual(s) listed above. You may choose to accept or decline to participate in this study, and your decision should be based on a clear understanding of the nature of the study and any risks it entails. This document provides information that is important for you to best understand the study. If you have any additional questions, please ask at any time in person or by email or phone.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The research will examine ***[Give a general description of the project-what is being investigated, what is the hypothesis, what knowledge is being sought and why.]***

**WHAT IS THE OUTCOME OF THIS STUDY?**

The outcome of this study will be ***[a book, article, report, presentation, senior thesis; describe how you plan to share your data with the public. Discuss whether your research subject will be given access to the outcome or how (s)he can access it after completion.]***

**IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty. **[Your decision whether or not to participate will not affect your current or future relations with Gettysburg College.] [If the researcher is recruiting students in his/her course, give further assurance that a choice not to participate will not have any implication for the student’s grade in the class.]**

**If appropriate add:**

If you decide to leave the study early, we ask that you [Describe the procedures the participant may need to follow, such as calling the study coordinator, coming in for a close out visit. Describe any consequences of the participant’s withdrawal.]

**If appropriate add:**

You will be informed by the research investigator[s] of this study of any significant new findings that develop during the study which may influence your willingness to continue to participate in the study.

**WHO WILL PARTICIPATE?**

You were chosen because **[explain].** Approximately ***[number]*** people will take part in this study, and they were chosen because . . . ***[Explain what the study population is and why research subjects were selected.]***

**WHAT WILL HAPPEN DURING THIS STUDY?**

***[Describe the procedures/process in detail and in chronological order, define and explain all technical terms]***

***[If the study involves surveys or questionnaires, include a statement that the participant is free to skip any questions that he/she would prefer not to answer.]***

***[If audiotapes, photographs, or videorecordings are to be taken, make sure to mention these and include a statement that the participant is free to stop recording if they wish.]***

**HOW LONG WILL THE STUDY LAST?**

Your participation in the study will last **[insert total length of the study].** **[If applicable: you will need to visit the psychology lab, log onto your computer, etc. X times. Each visit will take about X minutes/hours].**

**[DECEPTION**

**Only for Exempt research that employs deception: state that the research cannot be fully described at this time, but at the end of the subject's participation an explanation will be provided and consent will be reaffirmed]**

**WHAT ARE THE RISKS OF THE STUDY?**

There may be some risk from being in this study ***[These include not only physical injury but psychological, emotional, economic, or legal harm linked to the private information that is being collected. Depending on the type of study, some risks may be better described “discomfort” –such a fatigue or embarrassment. There is rarely a “risk free” study. If, however, there are no known risks state that “there are no foreseeable risks” to participating]***

***Describe or list additional counseling or support services for studies that may engender strong emotions.***

***Example:***

***You may experience frustration, which is often experienced when completing surveys. Some questions may be of a sensitive nature, and you may therefore become upset as a result. However, such risks are not viewed as being in excess of “minimal risk”***

***If, however, you become upset by questions, you may stop at any time or choose not to answer a question. If you would like to talk to someone about your feelings about this study, you are encouraged to contact, [if appropriate add in hotline numbers, agencies etc. if a Gettysburg College student add the Gettysburg College Counseling Services phone number or (another service if appropriate)***

**WHAT ARE THE BENEFITS OF THIS STUDY?**

You ***[may not/will not]*** benefit personally from being in this study. However, we hope that in the future, other people might benefit from this study because ***[describe why others might benefit in the future in terms of the knowledge that will be gained]. [ If there is no direct benefit, this should be stated. Note that payment is not considered a benefit.]***

**CONFIDENTIALITY [or ANONYMITY]**

The data collected for this research are anonymous, meaning that no names or other identifying information will be recorded. As such, nobody in the future will ever know that you participated in this study or be able to match data to you. ***[If signed consent forms are used, they will be delinked from data and names will be blacked out/destroyed after a certain time]***

-OR

The data collected for this research are confidential, meaning that your names ***[or other identifying information]*** will be known to ***[the researchers/field assistants/student assistants]***. ***[If applicable: Your name will be recorded along with the data/in a key kept separate from data]***. The data/key will be ***[discuss data security plan]***. Therefore, nobody in the future, with the exception of ***[specify who on the project team]*** will know about your participation in this project or be able to link data to you. Such information will be disclosed only with your permission or as required by law. ***[If applicable: discuss plans for destroying data]. [If signed consent forms are used, they will be delinked from data and names will be blacked out/destroyed after a certain time]***. Your identity will not be revealed in publications, reports, or presentations, since results will be presented in a summary fashion/pseudonyms will be used. ***[On the other hand, if photos or audio- or video-recordings will be shared with the public, discuss the participant's right to review/edit the recordings, who will have access, if they will be used for educational purpose, and when they will be erased. Mention that for photos and video-recordings, a Photo/Video Release Form will be administered either when the photos/videos are taken or when they are being reviewed for inclusion in completed work.]***

**ALTERNATIVES TO PARTICIPATING IN THIS STUDY [for in-class research with students]**

***[If the research involves a group of participants (such as students in a classroom or this project being done as extra credit), describe and explain the procedures that will be employed to provide alternative, yet equal activities/extra credit for those who do not wish to participate.]***

***Example: If you choose not to participate in this study, you may earn extra credit in your course in other ways. Please ask your instructor, who will provide you with comparable assignments that you may choose to complete (e.g. writing assignments, participation in other research experiments etc.).***

**WILL I BE PAID FOR PARTICIPATING?**

You ***[will/will not]*** be paid for being in this research study. ***[Describe the monetary compensation. If compensation is pro-rated when a participant withdraws prior to completing the study, explain how it is pro-rated. If there is non-monetary compensation (e.g. extra credit, gift certificate, drawing) please describe.]***

**WHO IS FUNDING THE STUDY?**

***[Pick one of the following statements]***

Gettysburg College and the research team are receiving no funding from other agencies, organizations, or companies to support this research study.

***OR***

***[Name of agency/organization/company]*** is funding this research study. This means that ***[insert Gettysburg College or other entity]*** is receiving payments from ***[name]*** to support the activities that are required to conduct the study.

**[ADDITIONAL INFORMATION FOR BIOMEDICAL STUDIES**

**Please see our webpage on informed consent, #23, for additional information that researchers doing biomedical research should provide to research subjects. These items are now required under the revised Common Rule, implemented in January 2019.]**

**CONTACTS AND QUESTIONS?**

The researcher(s) conducting this study is/are listed above, with his/her/their contact information If you have any questions, concerns, or complaints about the research please contact him/her/them ***[or their faculty sponsor].*** If you have questions regarding your rights as a research participant or about research ethics, you may contact the Gettysburg College Institutional Review Board via email at irb@gettysburg.edu.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Participant’s Full Name (Print):

Signature of Participant Date

I have discussed the above points with the participant or, where appropriate, with the participant’s legally authorized representative.

Signature of Person Who Obtained Consent Date