**Template for Informed Consent Form**

**Title of Project Goes Here**

**What is the purpose of this research?**

In a couple of sentences, give a broad purpose statement for your research.

**What will be expected of me?**

Describe what data will be collected. If there is an intervention, explain the nature of their participation as well.

**How long with the research take?**

Indicate the amount of time it will take to complete the data collection phase and also the intervention phase (as applicable).

**How will you use my information?**

Clarify whether answers will be anonymous or confidential (or neither). Indicate what steps, if any, you will take to keep responses confidential. Indicate how you plan to report on the data (e.g., summary data for a whole group; quotes or artifacts from individuals)

**Can I withdraw from the study if I decide to?**

Participation has to be voluntary. Participants need to know that even if they initially agree to participate, they can stop whenever they want. If they choose to do so, they have the right to tell you not to use any of their data. If they do withdraw, or if they choose not to participate in the first place, there cannot be any consequences to them (including an impact on their grades).

**Is there any harm that I might experience from taking part in the study?**

Indicate whether there is any likelihood of psychological, social, physical, economic, or legal harm related to their participation. If your study carries minimal to no risk, indicate that there are no foreseeable risks to them.

**How will I benefit from taking part in the research?**

Briefly describe the benefits to them as participants, and also benefits to the field (to knowledge or practice). If you are willing to share a copy of the results with your participants when the study is finished, you can note that here as a potential benefit.

**Who should I contact if I have questions or concerns about the research?**

Contact me (name of researcher) at 828-xxx-xxxx (or name@catamount.wcu.edu). You can also contact Dr. \_\_\_\_, faculty director of the project, at 828-227-xxxx (or xxxx@email.wcu.edu). If you have concerns about your treatment as a participant in this study, contact the chair of WCU’s Institutional Review Board through the office of Research Administration at WCU (828-227-7212).

**Examples of Signature Variations for Consent – Choose or Adapt One of These**

I understand what is expected of me if I participate in this study. My signature shows that I agree to participate and am at least 18 years old.

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to receive a summary of the results, once the study has been completed, please write your email address (as legibly as possible) here:

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

Please complete the portion of the consent form below:

I do □ or do not □ give my permission to the investigators to quote me directly in their research.

The investigators may □ or may not □ digitally record this interview.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*print*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*signature*

My signature below indicates that I give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this study.

Parent/Guardian Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_