***Instructions***

1. ***This template is our original HSC consent form. This may be best used for exempt student-led interview research.***
2. ***Delete these instructions before submitting this consent form to the IRB or copying it to your survey software.***
3. ***Replace italicized directions/guidance (anything in this font color) with information specific to your study and reformat for consistency.***
4. ***Use plain language, generally at 8th grade reading level, that the subjects will understand. Resources for plain language revisions are provided on Canvas.***

**Hampden-Sydney College**

**RESEARCH CONSENT FORM**

Title of Study and Investigator(s):

The following informed consent is required for any person involved in research study. This study has been approved by the Institutional Review Board at Hampden-Sydney College.

The purpose of this study is….[completed by researcher]

Subjects participating in this study will be asked to….[completed by researcher]

Potential risks and/or discomforts that may be experienced by subjects include….[completed by researcher]

Potential benefits that may be obtained by subjects include…[completed by researcher]

I understand that:

1. My participation is voluntary.

2. I may withdraw my consent and discontinue participation in this study (or any portion thereof) at any time without bearing any negative consequences. I will receive full credit for participation regardless of how much of the experiment I complete.

3. You have given me an explanation of the procedures to be followed in the project, information about possible risks/discomfort and potential benefits, and answered any inquiries that I may have.

4. All of the information from this study will be strictly confidential. No names will be associated with the data in any way. Providing my address to receive a report of this research upon its completion will also not compromise the anonymity of the data. I understand that the data will be stored in locked offices and will be accessible only to members of the researching group.

5. The results of this study will be made part of a final research report and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will my name or other identifying characteristics be included.

I have reviewed the procedures to be followed and hereby give my consent to participate in this research. I also agree not to discuss the purposes and procedures of this study with anyone in order that the integrity of this research is not compromised.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send me a report on the group results of this research project upon its completion:

 **YES NO**

Address to which the report should be sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Instructions***

1. ***This template is borrowed from Longwood University and is best used for exempt student-led interview research.***
2. ***Delete these instructions before submitting this consent form to the IRB or copying it to your survey software.***
3. ***Replace italicized directions/guidance (anything in this font color) with information specific to your study and reformat for consistency.***
4. ***Suggested language is provided. You may edit this language to align with your methodology and for the understanding of your subject population as appropriate. Any edits you make must still meet the standards for informed consent.***
5. ***Use plain language, generally at 8th grade reading level, that the subjects will understand.***

**Hampden-Sydney College**

**Study Title *(use the title on the IRB proposal)***

***Optional: Student Researchers Names and class***

Thank you for your interest in this research. The purpose of this research is to *(provide a short explanation of what you are trying to find out. No more than 1-2 sentences)*. I will ask you *(what are you going to ask about? The subject should know what kind of questions to expect. No more than 1-2 sentences).* *(If your interview is about sensitive information that may cause discomfort include* “*you may find some of the questions uncomfortable or intrusive”)* You are free to skip any question for any reason**.**  I will record your interview and transcribe your answers. All identifying information will be removed from the transcription. There are no risks beyond those ordinarily encountered in daily life or during the completion of routine interviews *(if this is true, if there are risks add them here)*. Your responses will be confidential and maintained on a secure server and deleted at the end of the semester.

While there is no compensation or direct benefits, your participation will *(what? Contribute to knowledge about something, or understanding of an issue? No more than 1 sentence)*. The interview will take approximately *(how many minutes?*) to complete. Your participation in this interview is voluntary and there is no penalty for declining to consent or withdrawing your consent at any time. If you decide to withdraw your consent we will delete your responses.

This research is being completed by student researchers as a class assignment for *(Class name/number)* taught by *(Faculty PI’s name)* in the *(department name)* and has been approved by the Hampden-Sydney College IRB. The results will be aggregated by the student researchers and presented at (*e.g. Spring Research Symposium, where will the data be presented?)* without any personally identifying information. These results will not be used for future research projects. If you have any questions or concerns about the research, please contact *(Faculty PI name and email address)* or the Hampden-Sydney IRB Chair, Dr. Rebecca Bauer (rbauer@hsc.edu).

*By checking the box below you indicate that you have read and understand the information provided above and you consent to participate in this research study. OR Please reply to this email/message indicating that you have read the information provided and consent to participate in this research study.*

[ ]  I consent to participate in this research

[ ]  I DO NOT consent to participate in this research

*Add a signature block for hard copies*

***Instructions***

1. ***This template is borrowed from Longwood University and is best used for exempt survey research.***
2. ***Delete these instructions before submitting this consent form to the IRB or copying it to your survey software.***
3. ***Replace italicized directions/guidance (anything in this font color) with information specific to your study and reformat for consistency.***
4. ***Suggested language is provided. You may edit this language to align with your methodology and for the understanding of your subject population as appropriate. Any edits you make must still meet the standards for informed consent.***
5. ***Use plain language, generally at 8th grade reading level, that the subjects will understand.***

**Hampden-Sydney College**

**Study Title *(use the title on the IRB proposal)***

***Optional: Student Researchers Names and class***

Thank you for your interest in this survey. The purpose of this research is to *(provide a short explanation of what you are trying to find out. No more than 1-2 sentences)*. This survey will ask you *(what are you going to ask about? The subject should know what kind of questions to expect. No more than 1-2 sentences).* *(If your survey is about sensitive information that may cause discomfort include* “*you may find some of the questions uncomfortable or intrusive”)* You are free to skip any question or item for any reason *(this does not apply to screening questions or consent material!)***.** The survey is anonymous, there are no risks beyond those ordinarily encountered in daily life or during the completion of routine surveys *(if this is true, if there are risks add them here)*. Your responses will be confidential and maintained on a secure server. *(adjust this language if you are collecting identifiers by deleting “The survey is anonymous”)*

While there is no compensation or direct benefits, your participation will *(what? Contribute to knowledge about something, or understanding of an issue? No more than 1 sentence)*. The survey will take approximately *(how many minutes?*) to complete. Your participation in this survey is voluntary and there is no penalty for declining to consent or withdrawing your consent at any time. Because your responses are anonymous, we will not be able to delete your responses after you submit the survey. *(OR If you decide to withdraw your consent we will delete your responses– use if you are collecting identifiers)*

This research is being completed by student researchers as a class assignment for *(Class name/number)* taught by *(Faculty PI’s name)* in the *(department name)* and has been approved by the Hampden-Sydney College IRB. The results will be aggregated by the student researchers and presented at (*e.g. Spring Research Symposium, where will the data be presented?)* without any personally identifying information. These results will not be used for future research projects *(or if you will share the data “Your anonymous responses may be shared with other investigators for future research.”)*. If you have any questions or concerns about the research, please contact *(Faculty PI name and email address)* or the Hampden-Sydney IRB Chair, Dr. Rebecca Bauer (rbauer@hsc.edu).

By checking the box below you indicate that you have read and understand the information provided above and you consent to participate in this research study.

[ ]  I consent to participate in this research

[ ]  I DO NOT consent to participate in this research *(skip logic takes the subject to the “Thank you” page without seeing questions)*

***Instructions***

1. ***This template is borrowed from Longwood University and is best used for non-exempt research and research that requires full IRB review.***
2. ***Delete these instructions before submitting this consent form to the IRB***
3. ***Sections are marked as required or delete if not applicable.***
4. ***Replace italicized directions/guidance (anything in this font color) with information specific to your study, and delete sections that do not apply to your research where the section is marked delete ‘if not applicable’***
5. ***Suggested language is provided in regular font. You may edit this language to align with your methodology and for the understanding of your subject population as appropriate. Any edits you make must still meet the standards for informed consent.***
6. ***Use plain language, generally at 8th grade reading level, that the subjects will understand.***
7. ***Edit the language so it is appropriate for your target subject population. Use the formatting tools to ensure readability and professional presentation. The purpose of this document is to assist in your informed consent process so please ensure that all aspects of the document (language, formatting, presentation) maximize your opportunity to connect with your prospective subject. Research has shown that long consent forms are less likely to be read by the subjects so please take care with language choices.***
8. ***For PARENTAL CONSENT – replace language referring to the subject as “you” with “your child.”***

**Hampden-Sydney College**

**Consent to Participate in a Research Study**

**Study Title: *Use the title on the IRB proposal***

**Investigator(s):** This study is being conducted by*name, a student in CLASS123 at Hampden-Sydney College under the supervision of PI name, title, and department.*

**Purpose of the Study (required)**

You are invited to participate in a research study. The purpose of this study is to…

* *Provide a brief, simple, non-technical description of the study.*
* *Limit this explanation to 1-2 sentences.*
* *Include prominent use of the term “research”*

**Study Procedures *(or What you will do in the study) (required)***

If you decide to participate in this study I/we will ask you to…

* *Use simple, non-technical language to explain what the participant will be asked to do in the study, preferably in chronological order. Include the time commitment for each part of the study and for the total duration of the study.*
* *Explain any terminology in language that is appropriate for the reading level of the subjects.*
* *If the study is an interview or survey inform the subjects that they can skip any question that makes them uncomfortable or stop the survey/interview at any time.*
	+ *Include a description of the types/nature of questions that will be asked or the topics to be discussed.*
* *Use formatting tools (bullet points, tables, images, numbered steps) if it helps with readability and understanding.*

**Risks and Discomforts (required)**

Some of the most likely risks of participation in this study include…

* *Use simple, non-technical language to describe any reasonably foreseeable risks or discomforts. These may include:*
	+ *Legal risks – if you are asking questions about illegal activities or could discover activities that require reporting to authorities.*
	+ *Physical risks – injury, discomfort from procedures*
	+ *Social, economic, professional risks (e.g. employability, financial standing, loss of confidentiality, insurability,)*
	+ *Emotional risks (e.g. feelings of anxiety or sadness)*
* *Describe what you will do to minimize the risks*

*If there are no known risks edit the federal definition of Minimal Risk to fit your methodology:*

*“Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”*

*For example, a minimal risk anonymous survey: “The survey is anonymous, there are no risks beyond those ordinarily encountered in daily life or during the completion of routine surveys.”*

You may terminate your involvement in this study at any time.

**What happens if I get hurt, become sick, or have other problems because of this research? (Delete if study is minimal risk)**

*Not applicable/Delete if study is minimal risk*

Please tell the researchers if you believe you have any injuries/adverse effects caused by your participation in the study. The researchers may be able to assist you with locating emergency treatment, if appropriate, but you or your insurance company will be responsible for the cost.

**Benefits (required)**

There are no direct benefits to you for participation in this research study. Your participation in this study may help us understand…

* *Most studies do not provide direct benefits to the participants.*
* *Limit the understanding to 1-2 sentences.*
* *You may want to include indirect benefits, e.g. reflecting on an experience may lead to a better understanding of…)*
* *Do not include payment or compensation in this section.*

**Confidentiality, Data Security, and Data Sharing (required)**

* *Describe how you will keep the subject’s data private and confidential. How will you collect, store, and use their data in your study? Who will have access to the data?*
* *Will data be deidentified with identifiers stored or not stored? Who will have access to identifying information?*
* *Physical security of data and research files.*
* *How will data be kept secure electronically?*
* *Will you share the data for future research studies?*
* *Some suggested language for different scenarios:*
	+ *Data collected anonymously:*  “The information you give in the study will be anonymous. Your name and other information that could be used to identify you will not be collected or linked to the data.” *If applicable (e.g. collecting demographic data)* “Because of the nature of the data, it may be possible to deduce your identity, however, there will be no attempt to do so and you data will be reported in a way that will not identify you.”
	+ *Data that has identifying information (e.g. face to face study)* “The information that you give in the study will be kept confidential. Your information will be assigned a code number. The list connecting your name to this code number will be kept in a locked file. When the study is complete and the data have been analyzed, this list will be destroyed. Your name will not be used in any report.” *If you are using audio, video, or photographs in this study, describe when their materials will be destroyed.*
	+ *If your online research includes identifiers you may choose to include:* “Your confidentiality will be kept to the degree permitted by the technology being used. We cannot guarantee against interception of data sent via the internet by third parties.”
	+ *When confidentiality cannot be guaranteed (e.g. focus group):* “Because of the nature of the data, I/we cannot guarantee that your data will be confidential and it is possible that others will know what you have contributed to the study.”
	+ *For surveys using Qualtrics:* “We anticipate that your participation in this survey presents no greater data security risk than everyday use of the internet.”
	+ *For research involving email communication:* “Please note that email communication is neither private or secure. Though I am/we are taking precautions to protect your privacy, you should be aware that information sent through email could be read by a third party.”
	+ *Data sharing: Add a statement that indicates whether you will share the data collected in the study with other investigators for future research:* “The information/biospecimens you provide may be de-identified (if identifiable – edit as appropriate) and distributed to other investigators for future research studies without additional informed consent.” OR “The information/biospecimens you provide will not be used or distributed for future research studies.”

Measures taken to ensure confidentiality include: *(list).*

**Compensation (delete if not applicable)**

*Explain how they will be compensated.*

* *If extra credit or payment is being offered describe the payment or credit being offered.*
* *State whether the participant will be eligible for compensation if they withdraw from the study before its completion.*
* *If payment is prorated, explain how the payment is distributed.*
* *If compensation involves a lottery or drawing, describe the odds of winning the payment.*

**Audio/Video Recording (delete if not applicable)**

*Provide a separate signature line for audio/video recording, if the recording is optional for participation. Include information about how the recording will be stored, used, and destroyed. Explain if how you will use their recording in presentations if you plan to display images/recordings. Indicate whether they can still participate in the study if they are not willing to have the interview recorded e.g. “You may still participate in this study if you are not willing to have the interview recorded.”*

[ ]  I DO give you permission to record me during this study.

[ ]  I DO NOT give you permission to record me during this study.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Records (delete if not applicable)**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that aims to protect the privacy of Student Educational Records. For this research we will examine *Specify the records to be disclosed* for the purpose of *Specify the purpose of the disclosure*. These records will be disclosed to *Specify the party to whom the disclosure is made*.

**Voluntary Participation (required)**

Your participation in this study is completely voluntary. You have the right to withdraw from the study at any time without penalty.

* *If data are anonymous include a statement,* “Because you are providing your responses anonymously I/we will be unable to delete your responses from the dataset after you submit/the study is completed.
* *If the participant is a student clearly state that* “Your decision to participate will have no effect on your grades, future letters of recommendation, assistantships etc..” *edit as appropriate.*

**Contact Information (required)**

If you have questions at any time during the study, or you experience adverse effects as a result of participating in this study you may contact the Principal Investigator (list contact information). If you have questions regarding your rights as a research participation, or if problems arise that you feel you cannot discuss with the Principal Investigator, please contact the Hampden-Sydney IRB Chair, Dr. Rebecca Bauer (rbauer@hsc.edu).

**Informed Consent (for written consent, delete for electronic consent)**

I have read and understand the information provided and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to participate in this study.

Your Signature Date

Your Name (printed)

Signature of person obtaining consent Date

Printed name of person obtaining consent

**Informed Consent (for [anonymous] electronic consent, delete for hard copy consent)**

I have read and understand the information provided. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without cost. I understand that I may save or print a copy of this consent for my records.

[ ]  I voluntarily consent to participate in this study

[ ]  I DO NOT consent to participate in this study *(if a survey, the skip logic should take the participant to the end without seeing the questions)*

**Parental Consent (delete if not applicable)**

I have read and understand the information provided and have had the opportunity to ask questions. I understand that my child’s participation is voluntary and I am free to withdraw my consent for my child’s participation at any time, without reason, and without cost.

[ ]  I agree to allow my child to participate in the research study described above.

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I DO NOT agree to allow my child to participate in the research study described above.