

INFORMED CONSENT FORM TEMPLATE

We invite you to take part in a research study being conducted by [Principal Investigator's name] who is a [professor / student] at Hampshire College, Amherst, MA, as part of his/her research project [name of research project]. The study, as well as your rights as a participant, are described below.

Description: This study will (INSERT YOUR DESCRIPTION—State the purpose of your study; State what you will be doing. State how you will be doing it, how long it will take.)

Confidentiality: The records of this study will be kept private. The information you provide will be kept confidential. Your answers will not be associated with your name unless otherwise indicated below. Rather, each participant will be given an identification number on the interviewer's sheet. In any report we may publish, your information will not include any identifiable data. The audio/videotape of your participation will be destroyed after it has been transcribed. All identifying records will be destroyed after five years.

I Do/ Do Not Agree to have my real name used in this research and any publications that result from the research.

I Do/ Do Not Agree to have my interview audio recorded by the researcher.

I Do/ Do Not Agree to have my interview video recorded by the researcher.

I Understand that research consented to may be published and available to the public indefinitely.

Risks & Benefits: There are minimal to no risks to your safety posed by this study. If you ever feel uncomfortable during the study, you may stop at any time. Should local support be needed, the researcher will provide you with contact information for local support groups who can assist you.

Freedom to Withdraw or Refuse Participation: You have the right to stop at any time, to refuse to answer any of the interviewer's questions at any time, and to withdraw from the project at any time without prejudice from the investigator.

Grievance Procedure: If you have any concerns or are dissatisfied with any aspect of this study, you may report your grievances anonymously if desired to the Human Subjects Institutional Review Board, c/o Dean of Faculty Office, Hampshire College, Amherst, MA 01002, 413-559-5676, IRB@hampshire.edu.

Questions? Please feel free to ask the investigator any questions before signing the consent form or at any time during or after the study.

Principal Investigator: [Student/Faculty Name], [Division X student], Hampshire College; Faculty Supervisor: [Faculty Name], [School of YYYY], [Office Number], [Building], Hampshire College, [(413) 559-xxxx].

Informed Consent Statement

I, _____, agree to participate in the research project entitled, “[Project Title].” The study has been explained to me and my questions answered to my satisfaction. I understand my right to withdraw from participating or refuse to participate will be respected and that my responses and identity will be kept confidential unless indicated otherwise above. I give this consent voluntarily.

Participant Signature:

Signature

Date

Investigator Signature:

Signature

Date