**IRB USE ONLY**

Study Number:

Approval Date:

Expires:

Name of Funding Agency (if applicable):

**Participant Consent**

**Title: [insert title of study]**

**Investigator(s): [insert name(s) and explain your affiliation with Cambridge College]**

**Introduction**

The purpose of this form is to provide you information that will help you decide whether or not to participate in the research study described below. Please read all of the information carefully and ask any questions you might have before deciding whether or not you would like to take part in this study. If you decide to be involved in this study, this form will be used to record your consent.

**Purpose of the Study**

If you agree, you will be asked to participate in a research study about **[insert general statement about study]**. The purpose of this study is **[briefly explain the research question and purpose of the study in lay language and avoiding jargon and acronyms]**.

**What will I be asked to do?**

If you participate in this study, you will be asked to **[use bullet points to explain tasks and procedures, including details about completing surveys, interviews, tests, and/or focus groups as applicable. Your language should be very clear and concise. Use lay language, and avoid jargon and acronyms. Include where the study will be conducted]**.

This study will take **[insert length of time for participation, frequency of procedures or any other applicable information]** and **[insert number of study participants]** other **[insert who the other participants are, e.g. parents, teachers, etc]** will also be participating in this study.

**Note: If participants will be audio/video recorded include the following:**

You **[will or may]** be **[audio/video]** recorded.

**What are the risks involved in this study?**

**NOTE: If risks are minimal include the statement:** There are no foreseeable risks to participating in this research study.

**If risks are greater than minimal include the statement:**

This **[treatment, procedure, intervention or describe other]** may involve risks that are currently unforeseeable. Possible risks associated with this study are **[explain risk, including the likelihood of the risk occurring]**.

**What are the possible benefits of this study?**

**Note: If the study has direct benefits to the participant** (**monetary compensation cannot be categorized as a benefit) include this statement:**

The possible benefits of participation in this research study are **[insert benefits that may be reasonably expected]**.

**If the study does not have direct benefits to the research participant, include this statement:** You will receive no direct benefit from participating in this study; however, **[explain how the research may benefit society at large]**.No promise of benefits has been made to encourage you to participate.

**Will there be any compensation?**

**NOTE:**  **If the study does not provide compensation include the following:**

You will not receive any type of payment for participating in this study.

**If there is compensation include the following statements:**

You will receive **[insert payment, reimbursement, or participation credit]**. Payments will occur **[explain disbursement/conditions of payment]. [Include circumstances, if any, where partial payment or no payment may occur].**

**[If participants will receive class points or extra credit include information about the points or extra credit. Explain alternative options if participant does not want to participate but wants to obtain class points or extra credit].**

**Do I have to participate?**

No, you may decline to participate - your participation in this study is completely voluntary. Should you agree to participate in the study now, you are free to change your mind later. No negative consequences of any kind will come to anyone who wishes not to participate or who initially agrees to be in the study and later changes their mind. Withdrawal from the study or refusing to participate will not affect your relationship with **[insert the name of the school or organization where the participant is being recruited]** in any way.

**How will your privacy and confidentiality be protected if you participate in this research study?**

Your privacy and the confidentiality of your data will be protected by **[describe how participant privacy and confidentiality of participant data will be accomplished and maintained.]** **[If the study will collect anonymous data describe how participant anonymity will be accomplished and maintained].**

**NOTE: If audio/video recordings will be made include the following statements:**

If you choose to participate in this study, you **[will be/may choose to be] [audio and/or video]** recorded. Any **[audio and/or video]** recordings will be stored securely and only the research team will have access to the recordings. Recordings will be kept for **[insert length of time]** and then erased.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher **[INSERT NAME HERE]** at **[PHONE NUMBER]** or send an email to **[EMAIL ADDRESS]** for any questions or if you feel that you have been harmed as a result of participating in this study.This study has been reviewed and approved by Cambridge College’s Institutional Review Board and the study number is **[STUDY NUMBER].**

**Whom to contact with questions concerning your rights as a research participant?**

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, Dr. Joseph Miglio, the Coordinator of the Institutional Review Board at Cambridge College by phone at (617) 873-0490 or email at joseph.miglio@cambridgecollege.edu.

**Signature**

You are asked to decide whether or not you want to participate in this study. Your signature below indicates that you have read and understood the information provided above and that you have decided to participate in the study. If you later decide that you wish to withdraw from this study, you may discontinue your participation at any time. You will be given a copy of this document for your records.

**NOTE: Include the following if recording is optional:**

\_\_\_\_\_\_ I agree to be **[audio and/or video]** recorded.

\_\_\_\_\_\_ I decline to be **[audio and/or video]** recorded.

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Printed Name of Research Participant

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Signature of Research Participant Date

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Signature of Investigator Date