Consent Form Template

***[Note: You should insert information that corresponds to your research in brackets [ ] and then remove the brackets [ ] and adjust the font to be consistent for the entire section. This would include this instructional note as well.*]**

Informed Consent to Participate in Research

Introduction/Purpose I understand that I am being invited to participate in a research study. **[Enter your course number/name here]** is sponsoring this study at Point Loma Nazarene University. The purpose of this research is to **[enter purpose here].**

Procedures I understand that the proposed length of my participation in this study consists of **[enter anticipated time here, include whether there are multiple sessions]**. During this time, I will **[enter what participants will do here providing a detailed description of the tasks involved including any interventions]**.

[NOTE: If you will be doing any type of recording of your participants you must inform your participants of this in the 'procedures' section and must include the following information:

- **(a) what the recordings will be used for**
- **(b) who will have access to them**
- **(c) how they'll be kept secure**
- **(d) how long they'll be kept and**
- **(e) when they will be destroyed]**

Risks [Provide a statement of risk or discomfort the participant may experience and how you seek to minimize the risk. If there are no more than minimal risks you may use the following statement, "There are no more than minimal risks (what one would encounter in daily life) associated with this study."**]**

Benefits [Describe the benefits of participation. While there may be no direct benefit to the participant, there may be an indirect benefit of helping you as the researcher understand more about your topic of study. Also include the possible indirect benefit to the participant of an increase in self-awareness about…(in your words).]

Voluntary Participation I understand that my participation is voluntary and that I may refuse or withdraw from the study at any time without penalty.

Confidentiality I understand that the data collected for this study and/or any identifying records will remain confidential and kept in a locked file and/or password-protected computer file in the researcher's office. I understand that all data collected will be coded with a number or pseudonym (fake name), that my name will not be used. I further understand that the results of this research project may be made public and information quoted in professional journals and meetings, but information from this study will only be reported as a group, and not individually.

Debriefing I understand that I have the right to have all questions about the study answered in sufficient detail for me to clearly understand the level of my participation as well as the significance of the research. I understand that at the completion of this study, I will have an opportunity to ask and have answered all questions pertaining to my involvement in this study by contacting **[enter researcher name here]** at **[enter researcher's email address here]** after the study is complete, around **[enter approximate month/year here]**.

Receipt of informed consent: I acknowledge having received a copy of the consent form. I understand that I may call the investigators involved in the study, or supervising professor, [**enter professor name here]**, in order to discuss confidentially any questions about my participation in the study. Also, should I have any concerns about the nature of this study I can also contact the Chair of PLNU's IRB (IRB@pointloma.edu).

Name: _____

Signature: _____ Date: _____
(I am 18 years old or older.)

Contact Information

Investigator(s):
[For each investigator, list name, email, and phone number.]

Supervising professor:
[Enter name, email, and phone number.]