**FORMATTING FOR CONSENT FORM**

The Informed Consent Form must clearly describe the study or procedure in a way that is understandable to the participants. A consent form must include a summary of the procedure or study, its purpose, duration, procedures and schedule, any potential benefits and/or risks associated with the study or procedure, alternatives, the rights and responsibilities of all involved with the study or procedure, and it must document the participant’s consent or agreement to take part in the study or procedure. The consent form template that follows is for you, the researcher, to follow when creating the consent form to be signed by participants of your study. Please insert the details that are specific to your study in the spaces provided. Additionally, here are some tips for creating the consent form:

* Keep the language simple. Consent forms should be written at a 6th grade reading level or below. Avoid use of technical terms or jargon. When using acronyms or abbreviations, spell out the full meaning the first time used.
* Compose the consent form to speak TO the participants, not ABOUT them, i.e., “You will be asked to…” instead of “The participant will be asked to…”
* The purpose of the study on the consent form need not exactly mirror the purpose statement given on application form. Sometimes it is warranted to use a simpler title for the consent form. However, be careful not to change the meaning of the purpose of the study.
* Most sections are required. However, you may remove sections that do not apply.
* If the researcher is a student, please include researcher’s and advisor’s contact information in the “Contact Information” section.

**INFORMED CONSENT**

**TO PARTICIPATE IN A RESEARCH STUDY**

My name is [*insert name*]. I am a graduate/undergraduate [*choose appropriate designation*] student in the Department/School/College [*choose appropriate designation*] of [*insert appropriate department/school/college*] at Union University in Jackson/Germantown/ Hendersonville [*choose appropriate designation*], Tennessee. You are being asked to volunteer for a research study. You were selected as a possible participant because [*explain how subject was identified*]. Please read this form and ask any questions that you may have before agreeing to take part in this study.

**Purpose of the Research Study:**

The purpose of this study is [*Explain research purpose – what you are trying to learn from this study – in lay language if necessary*].

**Procedures:**

If you agree to be in this study, you will be asked to [*Explain tasks/procedures/timeline in detail. It may be helpful to use bullet points. Also include such things as intent to video/audiotape/ photograph, length of time for participation, frequency of procedures, etc.*].

**Risks and Benefits of Being in the Study:**

The study has the following potential risks: [*Include any potential physical, psychological, economical, etc. risks, in order of severity and include likelihood of occurrence. If significant risks are possible, the subject should be told under what conditions the researcher will terminate the study. If there are no identifiable risks associated with participating in the study, then this should be stated*]

The benefits to participation are [*Include any benefits to the participant – if there are none, then this should be stated*].

**Compensation:**

As a token of appreciation for your time and participation in the study [*Include payment/ reimbursement information, class points, gift cards, or other tokens. This could be for participants of the study or for research assistants/data collectors. Explain when disbursement will occur and conditions of payment. If there is no compensation, then this should be stated*].

**Voluntary Nature of the Study:**

Participation in the study is voluntary. Your decision whether or not to participate will not result in penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, but change your mind later, you may withdraw from the study at any time.

**Confidentiality:**

The records of this study will be kept private to the extent permitted by law. In published reports, there will be no information included that will make it possible to identify the research participant. Research records will be stored securely by [*specify how data – paper/electronic/ audio/video recordings – will be stored so that confidentiality is protected and when data with identifiers will be destroyed*]. Only approved researchers will have access to the records. If you withdraw from the study after it has begun, your information will be destroyed immediately.

REMOVE IF NOT NEEDED:

**Use of De-Identified Information or Biospecimens for Future Research**:

De-identified information or biospecimens may be used for future research studies or distributed to another investigator without additional informed consent. Participants have the right to refuse to allow such use or distribution of their information or biospecimens without penalty. Please select one of the following options.

[ ] I consent to the future use of my de-identified information/biospecimens.

[ ] I do not consent to the future use of my de-identified information/biospecimens.

REMOVE IF NOT NEEDED:

**Audio Recording of Study Activities**:

To assist with accurate recording of participant responses, interviews may be recorded on an audio recording device. Participants have the right to refuse to allow such taping without penalty. Please select one of the following options.

[ ] I consent to the use of audio recording.

[ ] I do not consent to the use of audio recording.

REMOVE IF NOT NEEDED:

**Video Recording of Study Activities**:

To assist with accurate recording of participant responses, interviews may be recorded on a video recording device. Participants have the right to refuse to allow such taping without penalty. Please select one of the following options.

[ ] I consent to the use of video recording.

[ ] I do not consent to the use of video recording.

REMOVE IF NOT NEEDED:
**Photographing of Study Participants/Activities:**In order to preserve an image related to the research, photographs may be taken of or requested from participants in research-related settings. Participants have the right to refuse to allow photographs to be taken without penalty. Please select one of the following options.

[ ]  I consent to the use of photographs.

[ ]  I do not consent to the use of photographs.

**Contacts and Questions:**

You are encouraged to contact the researcher or the researcher’s advisor if you have any questions.

[*Include contact information for you and your advisor.*]

If you have any questions about your rights as a research participant, you may contact the Union University – Institutional Review Board Office at 731-661-5580 or irb@uu.edu

***You should be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.***

**STATEMENT OF CONSENT**

I have read the above information. I have had the opportunity to ask questions and have received satisfactory answers. I consent to participate in this study.

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Signature of Participant Date

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Signature of Researcher Date