

Illinois Wesleyan University
Institutional Review Board ~ Informed Consent
Insert title of study

Use this template for your proposal submission. Include this completed template in your attachments, separate from the IRB application form. Included is suggested language; the *italicized* information includes suggestions for information inclusion. Remember to keep the language simple and your explanations concise.

INTRODUCTION

You are invited to be a participant in a research study about *insert general statement about study*. You were selected as a possible participant because *explain how subject was identified*. We ask that you read this document and ask any questions you may have before agreeing to be in the study. The study is being conducted by *indicate name of researchers and institutional affiliation(s)*.

BACKGROUND

The purpose of this study is *explain research questions and purpose in lay language*. Include *some brief background information on research that has been done in the area*.

DURATION

The length of time you will be involved with this study is *indicate the time that participants can be expected to be in the study, including follow-up sessions if applicable*.

PROCEDURES

If you agree to be in this study, we will ask you to do the following things: *Explain tasks and procedures from subject's point of view. What will he or she be expected to do? Be sure to explain how groups will be assigned (if applicable) and for survey research, indicate that not all questions have to be answered. Be sure all procedures are explained and terms defined at an eighth-grade level.*

RISKS/BENEFITS

This study has the following risks: *Honestly explain risks, hazards, or discomforts, including the likelihood of any identified risks. If risk is minimal, state that the risk associated with the study are no greater than those experienced in everyday life.*

The benefits of participation include the following: *Describe any benefits to the subject or others that could be reasonably expected from the research. Describe any payment/inducement that the subject may receive, including some indication of the probability of receiving payment (if not 100%).*

CONFIDENTIALITY

The records of this study will be kept private. *Explain whether data will be anonymous or confidential, and describe procedures for ensuring confidentiality of responses if applicable. Describe how records will be stored and who will have access to study records. If recordings (audio, video, photograph) of a participant are made, describe how the recordings will be secured.* In any sort of report that is published or presentation that is given, we will not include any information that will make it possible to identify a participant.

VOLUNTARY NATURE OF THE STUDY

Your participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Illinois Wesleyan University or any of its representatives. You have the right to refuse to participate or to withdraw at any time without penalty or loss of benefits

CONTACTS AND QUESTIONS

At this time ,you may ask any questions you have about this study or about the informed consent process. If you have questions later, you may contact the researchers at *include phone number and email of principal investigator.*

If you have questions or concerns regarding this study and would like to speak with someone other than the researcher(s), you may contact *insert IRB chair's name*, Institutional Review Board Chair, Illinois Wesleyan University, at 309-556-*insert number*, *insert email*.

COMPENSATION (This heading only needed for studies that have a risk of injury, such as physically invasive procedures.)

In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment, and follow-up care as needed. Care for such injuries will be billed in the ordinary manner, to you or your insurance company. *Indicate any additional information regarding sponsored research and the sponsor's responsibility for compensation related to injuries.*

STATEMENT OF CONSENT

You will be given a copy of this form to keep for your records.

I have read and understood the above explanations, and my questions have been addressed. The information that I provide will be used for research purposes only. I understand that my participation is voluntary and that I may withdraw anytime without penalty. If I have any concerns about my experience in this study (e.g., that I was treated unfairly or felt unnecessarily threatened), I may contact the researcher or the Chair of the IWU Institutional Review Board regarding my concerns. *If all participants will be 18 or over, the researcher may wish to add this phrase to the beginning of the last sentence in statement of consent: "I affirm that I am at least 18 years of age, and"* I voluntarily consent to participate in this research study.

Participant Signature

Date

Signature of Parent/Guardian *if applicable*

Date

Signature of Person Obtaining Consent

Date

CONSENT FOR RECORDINGS

I understand that a(n) *audio, video, or photographic* recording will be made and I voluntarily consent to participate in this research study.

Participant Signature

Date

Signature of Parent/Guardian *if applicable*

Date

Signature of Person Obtaining Consent

Date
