[**Standard** **Consent Form** – Instructions on this template are in brackets. Remember to erase these instructions and brackets when preparing your consent forms. Make sure that your consent form has been proofread for typographical, grammar, and spelling errors. Refer to the consent form samples in Appendix A for examples of wording.]

**REQUEST FOR YOUR PARTICIPATION IN RESEARCH**

**TITLE OF THE STUDY**

**NAME OF THE RESEARCHER**  [In addition to your name, also include your title or affiliation in this section, for example, Ph.D. or San Jose State University graduate student. If you are a student, include your faculty supervisor’s name also.]

[You may include an introductory statement about yourself and your research preceding the consent information. The introductory statement is optional.]

**PURPOSE**[Describe what your study is about and why the study is being conducted.]

**PROCEDURES**[Describe what participants will be asked to do, where and when the study will occur, the duration, and what materials and devices will be used – including the use of audio/video recording devices. You may want to have separate check boxes at the end of the consent form explicitly requesting permission to conduct audio or video recordings.]
 **POTENTIAL RISKS**[Describe any foreseeable risk or discomforts to the participants. Include information on how risks will be mitigated as well as any appropriate supportive services that are available, when applicable. For research involving more than minimal risk, provide an explanation as to whether any treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.]

**POTENTIAL BENEFITS**[Describe any possible direct benefits to participants, such as health, educational, or social benefits. Describe any indirect benefits, such as the possibility that participants may help contribute to generalizable knowledge or that the research may help populations outside of the study group.]

**COMPENSATION**[Provide information about the amount, nature, and reason for any compensation being offered for participation. Otherwise, state that there is no compensation for participation.]

**CONFIDENTIALITY**[Describe the manner and degree to which confidentiality will be maintained and who has access to data. Explain if there are any limits to confidentiality – for example, if you are a mandated reporter. Avoid using the word “anonymous” unless you are certain that the research team will not be receiving any identifying information from participants and will not be able to connect responses to individuals. If identifying information will be included in publication or dissemination, the degree to which participants will be identified and how they will be identified should be stated.]

**PARTICIPANT RIGHTS**[The following sample text summarizes participants’ rights.]

Your participation in this study is completely voluntary. You can refuse to participate in the entire study or any part of the study without any negative effect on your relations with San Jose State University or [name any other participating institutions]. You also have the right to skip any question you do not wish to answer. This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You will not waive any rights if you choose not to participate, and there is no penalty for stopping your participation in the study.

**QUESTIONS OR PROBLEMS**[The following sample text summarizes the contacts that need to be included on the consent form. ]

You are encouraged to ask questions at any time during this study.

* For further information about the study, please contact [name of researcher and contact information – phone or email or both].
* Complaints about the research may be presented to [name and contact information for your department chair or college dean if there is no chair].
* For questions about participants’ rights or if you feel you have been harmed in any way by your participation in this study, please contact **Dr. Richard Mocarski,** Associate **Vice President for Research**, San Jose State University, at 408-924-2479 or irb@sjsu.edu

**SIGNATURES**
Your signature indicates that you voluntarily agree to be a part of the study, that the details of the study have been explained to you, that you have been given time to read this document, and that your questions have been answered. You will receive a copy of this consent form for your records.

**Participant Signature**

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Participant’s Name (printed) Participant’s Signature Date

**Researcher Statement**I certify that the participant has been given adequate time to learn about the study and ask questions. It is my opinion that the participant understands his/her rights and the purpose, risks, benefits, and procedures of the research and has voluntarily agreed to participate.

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Signature of Person Obtaining Informed Consent Date