

Note: This is an outline of an Informed Consent Form that has all of the required elements of consent. This is intended to be a template to help guide researchers when designing their own forms for review by the Humans Subjects Institutional Review Board (HSIRB). Researchers are welcome to use alternate formats that contain the required elements. Regardless of the format, the HSIRB may still request changes during its review process to ensure compliance and to protect human subjects. Please remember the information and language in a consent form should be easily understood by the participant so that they can make an informed decision about whether or not to participate.

[Project Title] Informed Consent Form Purpose: The purpose of this study is [complete purpose statement].

Why am I being asked to participate? Who is eligible to participate in the study?

[describe why you are studying this population and any eligibility criteria for participation (e.g., “must be at least 18 years of age or older”)]

What am I being asked to do?

[Describe in detail the procedures for the study. Describe how long participation will take.]

Are there any risks or benefits if I participate in the study?

[Describe any potential risks and the ways in which you are minimizing the risks.]

[Describe the benefits both to the participant and the society. If there are no direct benefits to the participant, please state this. If there is an incentive or compensation for participation, describe it in detail.]

Is my data confidential?

[Describe how data will be stored and published. Who will have access to the data? Describe any intended further use or sharing of the data beyond this specific research project.]

Do I have to participate?

No. Your participation in the study is completely voluntary. You can freely decide whether or not to participate or stop participating at any time without any repercussions. Your decision whether or not to participate will not help or harm your relationship with the researchers or Castleton University and will not result in penalty or loss of benefits to which you are otherwise entitled. [Include other details about the voluntary nature of participation as necessary.]

Who can I contact with questions?

If you have any concerns at any time, please contact the researchers [name, phone number, and email of all researchers and advisors for student projects]. For concerns about the project or questions about

your rights as a research participant, please contact Megan Blossom, Chair of the Castleton Human Subjects Institutional Review Board at 802-468-6412, megan.blossom@castleton.edu.

Your signature below certifies that you have voluntarily decided to participate having read and understood this form. You will be given a copy of this form to keep for your records.

Participant Name (printed)

Participant Signature Date