

Chico State University
Informed Consent [template]

You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information to be sure you understand what you will be asked to do.

Investigators

The research will be conducted by [e.g., John Smith; a student teacher at xxxxxxxx].

Purpose of the Research

This research study is designed to study [xxx].
The data from this research will be used to [xxx].

Procedures

If you volunteer to participate in this study, you will be asked to [xxx].

Your participation will take approximately [xxx].

Potential Risks or Discomforts

There are [none foreseeable] risks associated with the study. [Explain any risks. Give contact information for resources available for assistance if there is a risk of psychological stress.] If the participant feels uncomfortable at any time in the program they may remove themselves from the program as a participant.

Potential Benefits of the Research

There may be benefits from this study. [Explain benefits] [OR] There are no direct benefits to you from this study.

Confidentiality and Data Storage

All the information that I obtain from you during the research will be kept confidential. [Explain: e.g., All data will be kept secure and password protected. Only I will have access to the passwords and codes used for confidentiality purposes and any hard copy papers will be kept in a locked file cabinet in xxx office].

Participation and Withdrawal

Your participation in this research study is voluntary. You may refuse to participate or stop participation at anytime without penalty. The program is voluntary and choosing not to be in the program is your choice without any repercussions.

Questions about the Research

If you have any questions about the research, you may contact [Researcher name and/or Faculty Advisor name at XXX]. Please call [530-xxx – xxxx ex. xxxx (John Smith) or xxxx (Jane Smith)]. If you have questions regarding your rights as a research participant, please contact the CSU, Chico Human Subjects in Research Committee at 530-898-3145 or irb@csuchico.edu.

I have read the information provided above. I understand that by signing this form I agree to take part in the research.

[If using photography or video recording provide an additional separate line or checkbox to consent to being photographed or recorded.]

PLEASE SIGN HERE :

[If subjects are minors request separate consent from parent/guardian and from child/student.]

PARENT/GUARDIAN SIGN HERE:

STUDENT PLEASE SIGN HERE:]