**DePauw University IRB**

**INFORMED CONSENT**

Please remove the script in red before submitting this form. The red ink is to guide you as you complete each section of the Informed Consent document.

We are asking you to participate in a research project titled:

We will describe this study to you and answer your questions. This study is being led by (name of PI, department) and the faculty advisor is (name and department).

**What the study is about:**

*Provide a clear, concise explanation in lay language of the purpose of the research.*

**What we will ask you to do:**

*Explain in simple language what will happen to the participant or what the participant will be asked to do. Describe the time commitment. All procedures listed in the IRB proposal form should be described and any interventions specifically noted.*

**Risks and Discomforts**

*In simple language describe any reasonably foreseeable risks or discomforts, such as legal, physical, social (confidentiality for example), emotional. If there are no known risks state: We do not anticipate any risks from participating in this research.*

**Benefits**

*Describe any probable benefits—if there are none, state that. Describe the expected benefits to society, future knowledge, to learn more about…, etc.*

**Compensation for Participating**

*Gift card, course credit, etc., and explain when the compensation will be given.*

**Audio/Video Recording**

*Explain if any recording will take place and what will be done with such recordings upon completion of the research.*

Please sign below if you are willing to have this interview recorded (specify which mode here). You may still participate in the study if you are not willing to have the interview recorded.

 I do not want to have this interview recorded

 I am willing to have this interview recorded

 Signed:

 Date:

**Privacy/Confidentiality/Data Security**

*Explain how the data will be secured just as you did in the IRB proposal. If using online administrators (MTurk, Qualtrics, etc. state that no risks exist beyond normal use of the internet. Explain no IP addresses will be collected if that is the case.*

**Taking Part is Voluntary**

*Explain that this is a voluntary exercise and that the participant may withdraw, without penalty, at any time. The compensation, if any, will still be awarded.*

**If You Have Questions**

*Explain how the participant can contact you and your supervisor, along with the IRB should there be questions. Ask: “Do you have any questions now?”*

**Statement of Consent**

*Signed consent is not necessary if there is minimal risk and if the study is anonymous and you tell the participant it is anonymous. For online studies, click “I approve” box is sufficient.*

Your signature: Date

Your name (printed) Date

Signature of person obtaining consent:

Date:

Printed name of person obtaining consent:

Dare:

I have been offered/given a signed copy of this consent form.