**IMPORTANT INSTRUCTIONS FOR THIS FORM: BEFORE FINALIZING & PRINTING THIS DOCUMENT REMOVE THIS TEXT & ALL BLUE INSTRUCTIONAL AND EXAMPLE TEXT**

- Please follow instructions in brackets and colored text.

- Delete all instructions from this form. We will not edit formatting before approval.

- Avoid using technical language and jargon. Write your consent form in a way that will be understandable to your participants.

**Before submitting this document, please read through and edit this form to make sure text is black, size 12 font, and all parentheses, brackets, and instructional and example text have been removed.**

**California State University, Channel Islands**

**CONSENT TO ACT AS A HUMAN RESEARCH PARTICIPANT**

**Title of Study—required (use lay language)**

You are being asked to participate in a research study conducted by [researcher]. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to participate. A researcher listed below will be available to answer your questions.

**PURPOSE OF STUDY**

The purpose of this research study is to [Complete this sentence]. For example: “to explore attitudes of first-generation Americans regarding education; to understand how social support influences mental health.”

**SUBJECTS**

**Inclusion Requirements**

You are eligible to participate in this study if you [Complete this sentence or use a bulleted list of inclusion criteria] For example: “are at least 18 years of age or older,” “are right-handed,” “live in Ventura County.”

**Time Commitment**

This study will involve approximately [minutes/hours] of your time [over the course of days/weeks/months if applicable].

**PROCEDURES**

The following procedures will occur: [Explain the research procedures in chronological order; include the expected duration of each procedure or each visit and the procedures to be completed at the visit.] For example: “You will complete a survey about your eating habits, then you will have your blood drawn (indicate amount) and your blood pressure taken.”

**RISKS AND DISCOMFORTS**

[For minimal risk studies] The possible risks and/or discomforts associated with the procedures described in this study include: [Insert potential risks. Make sure to consider all types of risks.] Examples are: fatigue, boredom, mild emotional discomfort, embarrassment, muscle soreness, strain, sprain. [Specify your plans for minimizing each risk identified.] This study involves no more than minimal risk. There are no known harms or discomforts associated with this study beyond those encountered in normal daily life.

-OR-

[For greater than minimal risk studies] The possible risks and/or discomforts associated with the procedures described in this study include: [Insert potential risks. Categorize the risks by severity and include the likelihood of the risk/discomfort occurring. Make sure to consider all types of risks – psychological, social, economic, legal and physical.] Examples of risks/discomforts include: dizziness, nausea, social stigma (shame or disgrace), psychological distress, loss of employment, invasion of privacy and breach of confidentiality. [Specify your plans for minimizing each risk identified.]

**BENEFITS**

**Subject Benefits**

The possible benefits you may experience from the procedures described in this study include [Complete this sentence – the description of subject benefits should be clear and not overstated] Examples: increase reading comprehension, improved writing skills, learning about ways to improve your memory.

-OR-

[If no direct benefit to the subject is anticipated, delete the above statement and use] You may not directly benefit from participation in this study.

**Benefits to Others or Society**

[Insert a statement about possible benefits to science or society.] For example: a decrease in the number of children injured in car accidents, greater understanding of how stress influences memory.

**ALTERNATIVES TO PARTICIPATION**

[If not applicable, please delete] If alternatives are not offered, use: The only alternative to participation in this study is not to participate.

**COMPENSATION, COSTS AND REIMBURSEMENT**

**Compensation for Participation**

[Choose one option]

You will receive [insert type of payment and amount of compensation].

-OR-

You will receive [insert type of payment and amount of compensation, e.g. cash, gift certificate, etc.] after each study visit. There are [insert # of study visits if applicable] visits. Total payment for participation in this study is $[insert total compensation for completion of the study]. If you decide to withdraw from the study or are withdrawn by the research team, you will receive compensation for the visits that you have completed.

-OR-

[If subjects will not be compensated, please use] You will not be paid for your participation in this research study.

**Costs** [If not applicable, please delete]

There is no cost to you for participation in this study.

-OR-

You will be responsible for the following costs [insert the type of cost and dollar amount].

**Reimbursement** [Optional]

You will be refunded for the following expenses that you incur [insert types of expenses]. For example: parking fees, transportation fees.

[If no reimbursement will be provided, delete the above statement and use] You will not be reimbursed for any out of pocket expenses, such as parking or transportation fees.

**WITHDRAWAL OR TERMINATION FROM THE STUDY**[Optional]

[Required if subjects may be terminated by researcher and/or if there are adverse consequences (physical, social, psychological, economic, or legal) of the subject’s withdrawal from the study] You are free to withdraw from this study at any time without any penalty to you. **If you decide to withdraw from this study you should notify the research team immediately**. The research team may also end your participation in this study if you do not follow instructions, miss scheduled visits, or if your safety and welfare are at risk.

**CONFIDENTIALITY**

**Subject Identifiable Data**

[Explain whether subject identifiers will be linked to the research data.]

Any identifiable data collected will be accessible only to members of the research team.

Examples include:

All identifiable information that will be collected about you will be removed at the end of data collection.

OR

All identifiable information that will be collected about you will be removed and replaced with a code. A list linking the code and your identifiable information will be kept separate from the research data.

OR

All identifiable information that will be collected about you will be kept with the research data. [Provide justification for maintaining identifiers with research data.]

**Mandated Reporting** [If not applicable, please delete. Required if the researcher is an employee of California State University, Channel Islands, including student/research assistants]

Under California law, the researcher(s) is/are required to report known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she may be required to report it to the authorities.

**IF YOU HAVE QUESTIONS**

If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the last page of this form.

If you have concerns or complaints about the research study, research team, or questions about your rights as a research participant, please contact Research and Sponsored Programs, One University Drive, California State University, Channel Islands, Camarillo, CA 93012, or phone 805-437-8495.

**VOLUNTARY PARTICIPATION STATEMENT**

You should not sign this form unless you have read it and been given a copy of it to keep. **Participation in this study is voluntary.**  You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your relationship with California State University, Channel Islands. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

**I agree to participate in the study.**

[If any part of the study is audio or video recorded, include a check box or signature line for consent to be audio and/or video recorded.]

For example:

\_\_\_ I agree to be audio recorded

\_\_\_ I do not wish to be audio recorded

\_\_\_ I agree to be video recorded

\_\_\_ I do not wish to be video recorded

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Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

**RESEARCH TEAM**

**Researcher:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address

**(If researcher is a student include) Faculty Advisor:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address