**Study:** Insert Study Title here

**Investigators:** List all investigators here

This project has been approved by the Institutional Review Board of Mount Holyoke College. The following informed consent is required by Mount Holyoke College for all participants in human subjects research.

**Procedures: The procedures to be followed in the project will be explained to you, and any questions you may have about the aims or methods of the project will be answered.**

Here, clearly inform the participant of the study’s procedures. Include approximately how much time the study will take.

If you will be asking for consent to video or audio record the session, indicate that here as well.

**Risks of Being in the Study:**

Clearly explain all of the potential risks to the participant. If there are inherent risks from the procedures, describe what steps you will take to minimize risk (e.g. a list of local resources if the participant is interested in seeking further support).

**Benefits of Being in the Study:**

Indicate any benefits to the participant here (monetary compensation or research participation credit). Be specific about the amount of those benefits. It should be noted if there are no direct benefits to participats through their engagement in the study.

**Confidentiality:**

Specifically outline how you will protect the participant’s confidentiality. Be sure to indicate how the data will be stored and treated during data collection, analysis, reporting, and at the conclusion of the study. An example is provided below:

“All data in this study will treated as strictly confidential. Your name will never be identified with any of the information you provide; instead, your information will be identified with a number. Only the principal investigator of the project will have access to the list of participants’ names and identification numbers.

The results of this study will be made part of a final research report and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will your name or other identifying characteristics be included.

If you provide your address in order to receive a report of this research upon its completion, that information will not be used to identify you in the data.

Research records will be kept in a locked file; only researchers will have access to the records. Video recordings will be used for research purposes only. At the conclusion of the study, all video recordings will be destroyed. Only the de-identified transcripts will be kept in the possession of the PI for research purposes.”

**Voluntary Nature of the Study:**

An explicit statement about the voluntary nature of the study goes here. Be sure to inform the participant that he/she/they can decide to skip any part of the study or withdraw participation at any time without penalty. An example is provided below:

“Your participation is voluntary. If you decide to participate, you are free to end your participation at any time without penalty. You may also choose to not answer specific questions and you may choose to not participate in specific parts of the study.”

**Contacts and Questions:**

Include the contact information of both the PI (Name, phone number and email are customary) with an invitation to direct any questions to the investigator.

In addition, include the contact information for the Mount Holyoke College IRB below:

In addition, you may contact the Mount Holyoke College Institutional Review Board (institutional-review-board@mtholyoke.edu) for information about the rights of human subjects at Mount Holyoke-approved research.

**Statement of Consent:**

I have read and understand the above information. I am 18 years of age or older. I consent to participate in the study. I allow my data to be used for research purposes.

**Participant Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of audio or video recording:** (Include this separate consent for recording if applicable)

If you consent to having your session video recorded, please sign here

**Participant Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like a report of the group results of this research project upon its completion?**

Yes No

If yes, please provide an email or physical address to which the report should be sent:

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