[Adapt this form to your proposed interview research project]

**Sample Consent Form to Participate in Research at Roberts Wesleyan College**

I have been asked to participate in a research study conducted by [name(s) of researcher(s) and email(s)—phone number(s) can be added if researchers prefer to use that method], of Roberts Wesleyan College.

**INTRODUCTION:** Below is a description of the research procedures and an explanation of my rights as a research participant.  In accordance with the policies of Roberts Wesleyan College, I have been asked to read this information carefully. If I agree to participate, I will sign in the space provided to indicate that I have read and understood the information furnished on this consent form. I am entitled to and will receive a signed copy of this form.

**PURPOSE:** The purpose of this research is [give brief description of study purpose here].

**DURATION AND LOCATION OF STUDY:** If I agree to participate in this study, my participation will last for approximately [duration estimate] and will take place at [location].

**PROCEDURES:** During this study, I will be asked to [insert brief description of what the participant will do, including method of data collection (e.g., audio, video, survey, observation, etc.)].

**POTENTIAL RISKS AND DISCOMFORTS:** [describe any that are known] **OR** I understand there are no known or anticipated risks associated with participation in this study.

**BENEFITS:** A benefit to me of participating in this study is an increased understanding of how research is conducted. [Include additional benefits, if any. PLEASE NOTE that course credit, money, gift cards, etc. are part of COMPENSATION instead of a benefit so such information belongs below.]

**CONFIDENTIALITY:** I understand the data collected in this study will be kept confidential unless disclosure is required by law.  [Insert specifics such as: Specifically, the researcher will use a code number instead of my name on my data sheet. The code number and names will be kept separately from each other in a secure location.] After four years all personally identifying information will be destroyed. [If this an ANONYMOUS study, explain that.]

**COMPENSATION FOR PARTICIPATION:** I will receive [insert reimbursement or, “no reimbursement”] for my participation in this study.

**RIGHT TO REFUSE OR WITHDRAW:** I understand that my participation is voluntary. I may refuse to participate or discontinue my participation at any time. I also understand that it is unlikely that I will be upset or offended by the procedures, but if I am, I realize that I am free to not complete the study. Whether I complete the study or not, I realize that I will receive the compensation as explained above. Some details of this project may not be made known to me until my session is completed. I realize at the completion of the session that I have the option of withholding the responses I have provided from subsequent analysis. I also understand that the researcher has the right to withdraw me from participation in the study at any time.

**OFFER TO ANSWER QUESTIONS:** If I have any questions about this study, I may call the researcher, [insert name of researcher and/or faculty member supervising this research with email address and/or phone]. If I have questions about my rights as a participant, I may contact the Roberts Wesleyan College IRB at [\_\_\_\_\_\_\_\_\_\_\_\_\_\_](mailto:hsirb@davidson.edu) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\*I CERTIFY THAT I AM AT LEAST 18 YEARS OLD AND I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT.**

*PARTICIPANT'S SIGNATURE DATE*

**PERSON OBTAINING CONSENT:**   
I have allowed the individual named above the time to read this consent form and have answered any questions that have been asked. I will provide the participant with a copy of this consent form.

*RESEARCHER'S SIGNATURE DATE*

Faculty Supervisor’s Contact Information (if applicable):

* Faculty Name
* Email
* Office Phone

Original document from Davidson College