

Sample Consent Form for Levels 1 and 2 Research with Humans

(to be modified for particular study as appropriate)

You are invited to participate in a study of _____ (state what is being studied) _____. **I hope to learn** _____ (state what the study is designed to discover or establish) _____. **You were selected as a possible participant in this study because** _____ (state why and how the subject was selected) _____. (State if this is research for a class, student or personal research, and note any funding agency involved. Thesis research must also identify the program and Bethel College.)

If you decide to participate, I (or: _____ and associates) **will** _____ (Describe the procedures to be followed, including their purposes, how long they will take, and their frequency. Describe the discomforts and inconveniences reasonably to be expected, and estimate the total time required. Describe the risks reasonably to be expected, any benefits reasonably to be expected, as well as any incentives for participation) _____.

(If applicable, describe appropriate alternative procedures that might be advantageous to the subject, if any. Any standard treatment that is being withheld must be disclosed.) _____.

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. In any written reports or publications, no one will be identified or identifiable and only aggregate data will be presented. _____ (If you will be releasing information to anyone for any reason, you must state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure. If you are videotaping, audiotaping, or photographing participants, state how the materials will be used and when they will be destroyed.) _____.

Your decision whether or not to participate will not affect your future relations with _____ (institution or agency) _____ **in any way. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.**

This research project has been reviewed and approved in accordance with Bethel's Levels of Review for Research with Humans. If you have any questions about the research and/or research participants' rights or wish to report a research-related injury, please call _____ (name and phone number of all researchers and faculty sponsor) _____.

You will be offered a copy of this form to keep.

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

Signature

Date

Signature of Parent or Guardian
(This line should not appear on forms that will be given to persons consenting for themselves.)

Date

Signature of Witness (when appropriate)

Signature of Investigator

Sample Consent Form for Level 3 Survey Research

(to be modified for particular study as appropriate)

(may be used with some survey research, consult your advisor)

You are invited to participate in a study of _____ (state what is being studied) _____. I hope to learn _____ (state what the study is designed to discover or establish) _____. You were selected as a possible participant in this study because _____ (state why and how the subject was selected) _____. (State if this is research for a class, student or personal research, and note any funding agency involved. Thesis research must also identify the program and Bethel College.)

If you decide to participate, I (or: _____ and associates) will ask you questions regarding _____ (Describe the general topics of questions, the number of questions, and approximately how long they will take to answer. State how the data will be recorded. Describe any risks reasonably to be expected, any benefits reasonably to be expected, as well as any incentives for participation.) _____.

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. In any written reports or publications, no one will be identified or identifiable and only aggregate data will be presented. _____ (If you will be releasing information to anyone for any reason, you must state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure).

Your decision whether or not to participate will not affect your future relations with the _____ (institution or agency) _____ in any way. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

This research project has been approved by my research advisor in accordance with Bethel's Levels of Review for Research with Humans. If you have any questions about the research and/or research participants' rights or wish to report a research-related injury, please call _____ (name and phone number of all researchers and faculty sponsor) _____.

By completing and returning the survey, you are granting consent to participate in this research.