

INFORMED CONSENT - PARTICIPANT

Thank you for agreeing to participate in this study that will take place from [Insert Date] to [Insert Date]. This form outlines the purposes of the study and provides a description of your involvement and rights as a participant.

I consent to participate in a research project conducted by [Insert Your Name Here], [Insert Title Here] at Robert Morris University located in Chicago, Illinois.

I understand that this study is entitled [Insert Title of Research Here]. The purpose of the study is: [Insert Purpose of Study Here]

I understand that my participation will consist of one interview lasting 1 – 2 hours in length with a possible second, follow-up interview lasting 1 - 2 hours in length. I understand that I will receive a copy of my transcribed interview at which time I may clarify information.

I understand that my participation is voluntary and can be discontinued at any time without prejudice until the completion of the study.

I understand my exposure is minimal to risks, no greater than that encountered in daily life.

I understand that only the researcher, [Insert Your Name Here], will have access to a secured file cabinet in which will be kept all transcripts, taped recordings, and field notes from the interview(s) in which I participated.

I understand that my identity will be kept confidential by the researcher coding the data and that my identity will neither be attached to the data I contribute, nor stored with other project data.

I understand that the results of this study may be published or otherwise reported to scientific bodies, but my identity will in no way be revealed.

I understand that in the event I have questions or require additional information I may contact the researcher: [Insert Your Name Here], [Insert Address, City, State and Zip Code Here] [Insert Phone Number [Insert Phone Number], Email address: [Insert Email Address]

If you have any concerns or questions before or during participation that you feel have not been addressed by me; you may contact [Insert Research Supervisor's Name], [Insert Research Supervisor's Title, Robert Morris University, [Insert Street Address], [Insert City], [Insert State], [Insert Zip], [Insert Phone]; Email address: [Insert email address]

Participant's Signature _____ Date_____

Researcher's Signature _____ Date_____