**Research Participation Informed Consent Form**

\_\_\_\_\_\_\_\_\_\_ Department

William & Mary

Protocol #: IRB-year-month

Title: Title of your study

**RESEARCH INVOLVING CHILDREN:**

* If the study will enroll both minors and adults as participants (but not parent/ child pairs), insert the following language beneath the title of the study:

*If participants include those under 18 years of age: 1) The subject's parent or legal guardian will be present when the informed consent form is provided. 2) The subject will be able to participate only if the parent or legal guardian provides permission and the adolescent provides his/her assent. 3) In statements below, the word "you" refers to your child or adolescent who is being asked to participate in the study.*

**Principal Investigators:** Your name and your faculty research advisor’s name

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been given the following information with respect to my participation in this study:

1. **Purpose of the research**: The purpose of this research is to determine … Add a concise description of the scope, aims, and purpose of the study.

2. **Procedure to be followed**: As a participant in this study, I will be asked to … Add a concise description including duration of subject’s participation.

3. **Discomfort and risks**: There are no known risks associated with this study. Note: if there is greater than minimal risk involved, the protocol must be submitted to the IRB for a full board review rather than to StudentIRB.

4. **Potential benefits**. There are no known benefits of participating in the study. However, my participation in this research will contribute to the development of our understanding about the nature of the study. OR if there are anticipated benefits, explain them.

5. **Statement of confidentiality**: My data will be kept confidential. My data will not be associated with my name, nor will it be coded so that my responses may be linked to my name in any way. If participant interviews will be video or audio recorded, please describe how these files will be kept confidential and when they will be deleted (typically at the end of the study or after a certain number of years).

6. **Voluntary participation**: Participation in this study is voluntary. I am free to withdraw at any time without penalty or loss of benefits. I may choose to skip any question or activity.

7. **Incentive for participation**. Participants will not be compensated for their participation OR participants will receive xx.

9. I may obtain a copy of the research results by contacting xx Provide contact information for you and the faculty PI.

10. **Termination of participation**: Participation may be terminated by the experimenter if it is deemed that the participant is unable to perform the tasks presented.

11. Questions or concerns regarding participation in this research should be directed to: Dr. XX at 757-221-xxxx, email@wm.edu. Enter the contact information for your faculty PI.

12. I am aware that I may report dissatisfactions with any aspect of this study to Dr. Michael Deschenes, the Chair of the William and Mary Institutional Review Board (IRB), by telephone (757-221-2778) or email (mrdesc@wm.edu).

I agree to participate in this study and have read all the information provided on this form. My signature below confirms that my participation in this project is voluntary and that I have received a copy of this consent form.

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Signature Date

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

Witness signature Date

If consent form is being collected virtually via a survey (such as Qualtrics), you may omit the witness signature and add a statement that “By clicking the next button on the survey, you are providing your consent to the list above.”

THIS RESEARCH IS FUNDED BY [name of grant]. THIS PROJECT WAS APPROVED BY THE W&M INSTITUTIONAL REVIEW BOARD COMMITTEE ON [Month day year].