****

**Consent to Participate in Minimal Risk Research**

*Information to Consider About this Research*

**[Title of Research Study]**

Principal Investigator:

Department:

Contact Information:

[include name/contact for faculty advisor if PI is a student]

[If research is externally funded ] This research is funded by:

You are being invited to take part in a research study about *[describe your research topic].* By doing this study we hope to learn *[describe purpose of your research].* You will be asked to *[describe what subjects will be asked to do, e.g., “complete an association test on a computer,” “answer questions about your food preferences,”]*

*If applicable, explain why someone should not participate, e.g.,* You cannot volunteer for this study if you are under 18 years of age.

**What are the possible benefits and risks of the research?**

*Explain benefits. Do not include compensation in this section. If there are no individual benefits, explain societal benefits, e.g.,:* There may be no personal benefit from your participation but the information from this research may help others in the future by *describe the benefits to society.*

*Explain risks, e.g.,* To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.

*If the study is anonymous, with no identifying information linked to the information gathered, explain e.g.,*  This study is anonymous. That means that no one, not even members of the research team, will know that the information you gave came from you.

*If identifying information is linked to information gathered, explain how confidentiality will be maintained.*

*e.g.,* Your information will be combined with information from other people taking part in the study. When we write up the study to share it with others, we will write about the combined information*.* You will not be identified in any published or presented materials. We will protect your confidentiality by [*explain efforts to protect the confidentiality of the information e.g.,: names will be kept separate from information, replacing names with numbers, etc.. Explain how long data and identifying information (e.g., audio/video recordings) will be kept.]*

**Who can I contact if I have questions?**

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at *[insert telephone number].*

**Do I have to participate? What else should I know?**

Your participation in this research is completely voluntary. There will be no consequences if you choose not to volunteer or decide to stop participating at any time. If you decide to participate in this study, let the research personnel know. *If you are paying subjects let them know - e.g.: You will be paid $X for taking part in the research.*

The Institutional Review Board (IRB) at Western Colorado University has determined this research project ***[IRB #]*** to be exempt from further review.

Participant's Name (PRINT) Signature Date

*[Remove the signature line if you are not obtaining signed consent forms.]*