**Consent Form**

**Bates College Department/Program of [insert department/program]**

Title of the Study: [insert study title]

Researcher Name(s): [insert researcher name(s) and contact information, plus advisor name(s) and contact information if applicable]

 The general purpose of this research is to [insert a sentence describing the general purpose of the research]. Participants in this study will be asked to [insert a sentence describing the general procedure of the research]. Findings from this study will be used [insert a sentence describing where the findings will be presented. Will they appear in a student thesis? A scholarly publication? A research conference? A class presentation? A presentation to the administration? etc. It is a good idea to be as thorough as possible. For example, if there is even a remote chance that findings may be published in a scholarly journal, state that here.]

I hereby give my consent to participate in this research study. I acknowledge that the researcher has provided me with:

A. An explanation of the study’s general purpose and procedure.

B. Answers to any questions I have asked about the study procedure.

I understand that:

A. My participation in this study will take approximately [insert duration]. I agree to complete the study in one sitting.

B. The probability and magnitude of harm/discomfort anticipated as a result of participating in this study are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. [If any greater-than-minimal risks are anticipated (e.g., physical pain, emotional distress, replace this sentence with “Participating in this research may result in” and list the anticipated risks.]

C. The potential benefits of this study include [briefly describe the study’s potential benefits to participants and others, not including compensation (e.g., educational benefits). If there is no expected benefit, replace this sentence with “There are no expected benefits associated with my participation.”]

D. I will be compensated for participating in this study with [insert the form and amount of compensation, or replace this sentence with “I will not be compensated for participating in this study.”]

E. My participation is voluntary, and I may withdraw my consent and discontinue participation in the study at any time. My refusal to participate will not result in any penalty or disadvantage.

F. Some aspects of the study purpose/procedures may be withheld from me until its end. What the investigators hope to learn from this study, the specific nature of and reasons for the procedures employed, and those aspects of my behavior that have been recorded for measurement purposes will all be fully explained to me at the end of the study. [If you have explained the full and true purpose of the study and its procedures to participants above, you may omit Part F of the consent form.]

G. My responses will be recorded anonymously, and I cannot be identified by my responses. [Researcher: Be confident this is correct, and that you are not asking such specific questions that individuals could be identified. If there is a reasonable chance that individuals could be identified, replace this text with “My responses will be kept confidential, to the extent permitted by law. The data will be stored in a secure location [state where; for example, a password-protected computer], will be available to [state who will have access to the data], and research reports will only present findings on a group basis, without any personally identifying information.”]

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_