***Sample for Informed Consent***

Instructions:

1. Fill in all required information in red text;
2. Choose from or fill in applicable blue sections, and delete blue underlined text;
3. Delete any blue sections that do not apply; and
4. Delete this box from your final version and ensure all text in the final version is black, and all underlining (unless relevant to content) is removed.

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT:

*“Title of Study”*

INTRODUCTION

This form asks for your agreement to participate in a research project on topic. Your participation involves concise summary of what the subjects will be asked to do. It is expected that your participation will take approximately amount of time their participation will take. The potential risks from this project are considered relevant descriptor, as applicable; or state:There are no risks anticipated with your participation. You may personally benefit from this study and/orOthers may benefit from your participation. Use either or both of these statements, as applicable. If you are interested in participating, please review the following information.

PURPOSE OF THE STUDY AND PROPOSED BENEFITS

* The purpose of the study is description of the objective(s) of the research.
* Potential benefits associated with the study include description of any anticipated benefits to the individual participants as well as any benefits to others and/or to the understanding of an area of investigation.

YOUR PARTICIPATION

* If you agree to participate, you will be asked to more detailed description of the activities/events/procedures involved in the subject’s participation, defining any physiological or experimental procedures as such and providing details of the procedures, if applicable.
* Your participation will take approximately indicate how much total time the study is expected to take and the scheduling of sessions if the study takes place on more than one occasion.
* If there are costs to the subjects related to their participation, add: Additional costs related to your participation include describe the costs and provide an actual or estimated value. If incentives, such as gift cards, extra credit, cash payments, or raffle prizes, are offered, add: As an incentive, you will be offered describe the incentive and provide an actual or estimated value.

PROTECTIONS AND POTENTIAL RISKS

* Please be aware that you are not required to participate in this research, refusal to participate will not involve any penalty or loss of benefits to which you are otherwise entitled, and you may discontinue your participation at any time add “without penalty or loss of benefits”, if applicable. If there are consequences for a subject’s decision to withdraw, add a statement that describes the consequences and also the procedures for withdrawal, such as: If you decide to withdraw your participation, you must describe withdrawal procedures and describe consequences (such as loss of benefits or incentives, if any. If the research involves survey or interview questions, add: You may omit responses to any questions you choose not to answer. If there are anticipated circumstances under which a subject’s participation may be terminated by the researcher without regard for subject’s consent, add: The researcher may terminate your participation at any time for the following reasons: provide list.
* The possible risks or discomforts associated with participation in this study include state all reasonably anticipated minor or significant physical, psychological, social, or economic risks or discomforts; or, if there are no risks, state: There are no risks anticipated with your participation in this study. If the research involves a treatment or procedure that may involve currently unforeseeable risks to the subject (or embryo or fetus, should the subject become pregnant), add: There may be unforeseeable risks related to your participation.
* Your confidentiality will be protected by describe the manner, if any, in which confidentiality will be maintained; include an instruction for participants to not write their names on written materials, if applicable. Confidentiality does not have to be promised if there is no risk to subjects; this statement should indicate under what conditions confidentiality will or will not be maintained. If a questionnaire or survey will be anonymous (i.e., there will be no method by which even the researcher(s) may determine the data associated with specific individuals) rather than confidential, substitute a sentence such as: Your responses will be provided anonymously to protect your privacy.
* For studies in which audio or video recordings will be used to capture subject responses or data, provide information on how the interview data will be obtained, recorded, and stored. What will happen to the recordings? Will they be transcribed? By whom and when? Will they be kept or destroyed? Where and how (security-wise) will they be stored? If stored on a computer, how is it secured? If they are disposed of or destroyed, when will that occur?
* For studies involving the collection of *identifiable* private information or *identifiable* biospecimens, provide either of the two statements, whichever is appropriate: Identifying information might be removed from identifiable private information or identifiable biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another researcher for future studies without additional informed consent. OR Identifying information or biospecimens collected as part of the research, even if the identifiers are removed, will not be used or distributed for future research studies.

RESOURCES AND CONTACT INFORMATION

* If you should experience any negative outcomes from this research, please be aware that you may contact an appropriate referral source, the researcher, or an external person or agency at the phone number and location of the referral source(s), for assistance. If the study involves greater than minimal risk, more detailed information should be included about possible compensation if harm is experienced, and an explanation whether any medical treatments are available if harm occurs due to participation in the study. For clarification of minimal risk, see the *Procedures and Guidelines for Human Subjects Research.* This referral statement can be removed if there are no anticipated negative outcomes. If the study involves testing a treatment of a physical or mental health problem, the subjects should also be informed of any alternative treatments (other than that which they may receive in the study) that might be advantageous to the subject in treating the problem being studied.
* This research is being conducted by name(s) of researcher(s) and position(s) in the Department of department name at California State University, Maritime Academy or list other affiliation if the researcher(s) are not students or employees of Cal Maritime, and delete the Cal Maritime information. If you have questions regarding this study or would like to be informed of the results when the study is completed, please contact the researcher(s) at email address and/or phone number of the researcher and/or, in the case of a student researcher, the student’s faculty advisor.
* If you have concerns regarding the manner in which the study is conducted, you may contact the Chair of the Cal Maritime Institutional Review Board, at irb@csum.edu.

AGREEMENT TO PARTICIPATE

If you are 18 or older and agree to voluntarily participate in this research project as described, please indicate your agreement by signing below, or if the data is being collected anonymously, by indicate what they have to do, such as completing the attached survey. Please retain a copy of this form for your reference, and thank you for your participation in this research.

For studies in which audio or video recordings will be used to capture subject responses or data, provide the following options and change the sentence above to “please indicate your agreement by choosing an option and signing below.” These options are not required for recordings but are strongly advised as they may increase participation for subjects who do not want to be recorded but would like to participate otherwise.

\_\_\_ Yes, I agree to participate and have my interview be recorded.

\_\_\_ Yes, I agree to participate and have my interview be recorded, but would like to review the recording transcript before it is used in the analysis.

\_\_\_ Yes, I agree to participate but do not allow my interview to be recorded.

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

 Signature of Volunteer Date

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

 Signature of Researcher Date