

**Emmanuel College
Committee for the Protection of Human Participants in Research (CPHPR)**

Informed Consent

Dear X:

You are invited to participate in a research study entitled [name of study] conducted by [insert the Principal Investigator's name here; with student research, insert both the student name and the faculty sponsor's name]. You must be 18 years or older to participate [omit if this study is not conducted with students at Emmanuel College] and [list any other prerequisites for participation.]

A. Purpose and Procedures

- The purpose of this research is [explain the purpose of the study in easily understood language].
- In this study, you will [describe the procedures to be followed in easily understood language; describe the tasks that the participant will be engaging in. If you will be asking any personal or sensitive questions, state as much here.] This study will take place [specify location]. The time to complete this study is approximately [add expected time; indicate how time is divided – e.g. two sessions, a week apart]. The number of people who will participate is approximately [add expected number].
- [If participants will be compensated, state the amount and terms of compensation. If payments will be prorated if a participant withdraws from the study, state the terms. Course credit for participation is considered compensation and must be described, along with the reminder that an alternative way to earn credit is available.]

B. Risks and discomforts

- There are no known risks to participating in this study.

OR

- There may be some risks or discomforts if you participate such as [describe any reasonably foreseeable risks or discomforts to the participant. You should also describe the measures you will take to minimize these risks and discomforts. When appropriate, be sure to include specific information regarding referral(s) to professional consultation if your project has potential for causing strong feelings in participants (*i.e.*: questions regarding sexual orientation, physical abuse, drug use, suicidal thoughts, etc.).]

[For studies involving more than minimal risk, add the following statement: If you believe you have been injured as a result of your participation in this study, you may contact {name/service} at {telephone number and e-mail address}.]

C. Potential benefits

- There are no direct benefits to you from participating in this research. [If appropriate, you can add: This research may help us to understand...(limit to a brief statement).]

OR

- [Describe any benefits to the participant and to others that may reasonably be expected from the research.]

Compensation (e.g., money, gift cards, research participation points) is not considered a benefit of the research. Procedures for issuing participants any compensation may be described in Section A of the consent document, if applicable.

D. Protection of confidentiality

- Your name or other identifiers will not be attached to your answers so that your confidentiality can be maintained. Your privacy will be ensured in that all data resulting from this study will be analyzed, written, and published in summary form.
- For Internet-based Research: Confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by a third party. [State conditions for exactly how you will protect the confidentiality of data here.]

E. Voluntary participation

- Your participation in this research study is voluntary; you may choose not to participate. You also have the right to stop participating at any time for any reason. You will not be penalized in any way should you decide not to participate or if you withdraw from this study.

F. Contact information

- If you have any questions or concerns about this research, please contact [list researcher's contact information, including name, mailing address, telephone number, and email address; include a faculty contact on student research].
- If you have any questions about your rights as a participant in this research or if problems arise, please contact Dr. Laurie Johnston, Chair of the Emmanuel College Committee for the Protection of Human Participants in Research (CPHPR) at 617-264-7723 (e-mail: CPHPR@emmanuel.edu) or Andrea Thomas, Administrative Coordinator of Emmanuel's CPHPR at 617-735-9792 or CPHPR@emmanuel.edu. The CPHPR is a group of people who review research proposals and may also review study records to ensure that research is designed and conducted in an ethical and safe way.

G. Consent (choose one of the following endings)

- By completing the [questionnaire/interview/focus group participation — select appropriate activity, you are agreeing to participate in this study. You may keep a copy of this document for future reference.

OR

- I have read this consent document and have been given the opportunity to ask questions. I have been given a copy of this document for future reference. I agree to participate in this study.

Participant's signature: _____

Date: _____

Sincerely,

Your Name

Your title, address, telephone, and e-mail contact information.