*Note to Data Collectors:*   
  
*When creating informed consent letters, keep language and vocabulary as basic and straightforward as possible. Feel free to adapt from this template when creating informed consent letters.*

*Headers should include “Informed Consent” followed by the title of the survey (e.g., the header in this document). Footers should include page numbers. If your consent letter is more than one page, the footer should also include a space for the participant’s initials (e.g., the footer in this document).*

*Be sure to include any basic components of informed consent that are appropriate to your survey.*

*\*\*Information in italics is for your information and should be deleted from the actual consent form. Material in brackets should be completed with relevant information.\*\**

*Please note that this particular survey template is based on one from* [*Roane State Community College*](https://www.roanestate.edu/webfolders/WALLACEDA/oier/IRB/Informed_Consent%20Template.doc)*.*

**TITLE OF SURVEY**

[Insert title]

**POINT OF CONTACT**  
[Name]

[Department]

[Address]

[Phone]

[Email]

**PURPOSE OF SURVEY**  
  
You are being asked to complete this survey. Before you decide to participate it is important that you understand why the survey’s purpose. Please read the following information carefully. Please ask the point of contact if there is anything that is not clear or if you need more information.

The purpose of this survey is to [Briefly describe purpose of study.]   
  
**RISKS**  
  
*List all reasonably foreseeable risks, if any, in completing the survey, and any measures that will be used to minimize the risks.*

You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.  
  
**BENEFITS**  
  
*List the benefits you anticipate will be achieved from completing this survey. Include benefits to participants, others, or the body of knowledge.*   
  
**CONFIDENTIALITY**

Your responses to this [survey] will be anonymous. Please do not write any identifying information on your [survey]. OR For the purposes of this effort, your comments will not be anonymous. Every effort will be made by our organization to preserve your confidentiality including the following:

[State measures taken to ensure confidentiality, such as those listed below:

* Assigning code names/numbers for participants that will be used on all research notes and documents
* Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.]

Participant data will be kept confidential except in cases where the organization is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

**COMPENSATION**  
  
*If there is no compensation, delete this section.*

*Indicate what participants will receive for their participation in this survey. Indicate other ways participants can earn the same amount of credit or compensation. State whether participants will be eligible for compensation if they withdraw from the activity prior to its completion. If compensation is pro-rated over the period of the participant's involvement, indicate the points/stages at which compensation changes during the study.*

**CONTACT INFORMATION**   
  
If you have questions at any time about this survey, or you experience adverse effects as the result of participating in this study, you may contact the person provided on the first page.

**VOLUNTARY PARTICIPATION**  
  
Your participation in this survey is voluntary. It is up to you to decide whether or not to take part in it. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this survey will not affect the relationship you have, if any, with the organization. If you withdraw from the survey before data collection is completed, your data will be returned to you or destroyed.

*Note****:*** *Please delineate the "Consent" section of the Informed Consent Form by drawing a line across the page. This delineation is important because the consent form grammar shifts from second person to first person, as shown in this example.*

**CONSENT**  
  
I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this survey.

Participant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_   
  
  
  
[Program Lead or Other] signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_