

# INFORMED CONSENT FORM

*[Research Project Title]*

## Purpose and Procedures

I am conducting research on *[briefly describe your research topic]*. The purpose of this study is *[explain the main goal of your research]*.

If you agree to participate, you will be asked to *[describe what participants will do, e.g., "complete a survey that will take approximately X minutes" or "participate in an interview lasting approximately X minutes"]*.

*[Add any additional specific procedures here]*

## Risks and Discomforts

The risks associated with this study are minimal and include *[describe any potential risks, even if minor, e.g., "possible discomfort in answering personal questions" or "the time commitment required"]*.

## Benefits

*[Choose or modify one of the following statements based on your study:]*

- Direct benefits to participants: You may benefit from participating in this study by *[e.g., "learning more about your study habits" or "gaining insight into your daily routines"]*.
- If no direct benefits exist: While you may not directly benefit from this research, your participation will help us better understand *[describe broader benefits to society/field]*.

## Confidentiality

[Note: Modify the following statements based on your specific study procedures. Remove any items that do not apply, but ensure you explain how you will maintain confidentiality in your study.]

Your participation in this study will remain confidential. We will:

- Store all data securely *[describe how, e.g., "in password-protected files"]*
- Not use your name or identifying information in any reports
- Only share aggregated results
- Delete/destroy raw data after *[specify timeframe]*

## Voluntary Participation

- Participation in this study is completely voluntary
- You can skip any questions you don't want to answer
- You can stop participating at any time without penalty
- You must be 18 years or older to participate

## Contact Information

If you have questions about this research, please contact:

- Student Researcher: *[Student name and contact information]*
- Faculty Advisor: *[Advisor's name and contact information]*
- CCCC Institutional Review Board: [IRB@capecod.edu](mailto:IRB@capecod.edu)

## Consent Statement

By signing below, I confirm that:

- I am 18 years of age or older
- I have read and understand the information above
- I voluntarily agree to participate in this research
- I understand I can withdraw at any time
- I have been given a copy of this consent form

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

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

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

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

[Note: All text in *italics* should be replaced with your project-specific information while maintaining all required elements.] Remove this statement on the finished informed consent form.