

# CONSENT TO PARTICIPATE VOLUNTARILY IN A RESEARCH INVESTIGATION

SPRINGFIELD COLLEGE  
SPRINGFIELD, MA 01109

\_\_\_\_\_  
Responsible Faculty Member

\_\_\_\_\_  
Researchers

\_\_\_\_\_  
Faculty phone contact

\_\_\_\_\_  
Researcher primary phone contact

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

PROJECT TITLE: \_\_\_\_\_

You are being asked to participate in a research investigation as described in this form below. All such research projects carried out within Springfield College. These regulations require that the researcher obtain from you a signed agreement (consent) to participate in this project.

The researcher will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and foreseeable risks of participation. You may ask the researcher any questions you may have to help you understand the project and you may expect to receive satisfactory answers to questions. A basic explanation of the project is written below.

If after discussion you decide to agree to participate in the project, please sign this form on the line indicated below in the presence of the researcher.

1. The purpose of this research project is.....
2. The information obtained in this research project will be beneficial to  
.....
3. The approximate number of participants involved in this project is.....
4. You have been selected to participate in this research project because.....
5. The information in this project will largely be collected by.... (Describe your research methods.....example: *asking participants to engage in a series of open-ended interview questions for about one hour. Optional: The researcher also will have a follow-up session with each person to check the accuracy of the information.*)
6. Reports will be written and shared with participants, but all names and place names will be changed to avoid identification of individuals.

7. Names of participants will be kept confidential. Transcripts and field notes will be stored in a secure place by the researcher and not used for purposes other than the current study.

**8. TELEPHONE INTERVIEWS:**

Interviewees will be provided the consent to participate voluntarily form acknowledging the following. Interviewees can send an email acknowledging consent:

- a you have fully read the consent form, had the opportunity to consider the information, ask questions, and receive satisfactory answers.
  - b you understand that your participation is voluntary, entirely anonymous, and can be discontinued at any time without reason, and without your legal rights being affected.
  - c you understand that taking part in this survey does not involve any video/audio recording.
9. There are no potential risks to subjects participating in this research study.
  10. You are free to withdraw from this project at any time without penalty. All information you have given will be shredded or returned. You may contact the researcher at any time at the above phone number.
  11. ADD to Consent Form: There is always the possibility of tampering from an outside source when using the internet for collecting information. While the confidentiality of your responses will be protected once the data are downloaded from the internet, there is always a possibility of hacking or other security breaches that could threaten the confidentiality of your responses.]
  12. In the event of a research-related injury to the subject or questions about rights as a participant, contact Springfield College IRB at 413-748-3959.

If you have any concerns about this research project, please contact my professor at the above phone number.

I certify that I have read the information above and fully understand the above project. All my questions have been answered to my satisfaction by the researcher. I willingly consent to participate in this research

project with the understanding that I may withdraw at any time without prejudice. I agree the research data generated may be published provided my name is not used or that I am not otherwise identified.

---

Signature of Participant or Guardian

---

Date

I certify that I have explained fully to the above participant the nature, purpose, potential benefits, and foreseeable risks of this study.

---

Signature of Researcher

If signed by agent other than subject, please indicate below: