

Consent Form Information

- Needs to be submitted on the PI's department letterhead, and, if necessary, printed-back-to back. (Forms printed on letterhead can be submitted after IRB approval.)
- Needs to include the name, phone number, and e-mail of:
 - (1) the researcher,
 - (2) the advisor (if applicable), and
 - (3) Kay Powell, IRB Administrator, (212) 817-7525, kpowell@gc.cuny.edu.
- If the consent form is in a foreign language, an English translation must be provided.
- Forms for parents giving permission for their children to participate should be headed "Parental/Guardian Permission Form."

General outline for consent form: (Federal guidelines recommend that **all** consent forms/permission forms be written on an 8th grade reading level.)

- 1) Introduce yourself
- 2) Briefly describe the research in non-academic language
- 3) Describe procedures – again in non-academic language
- 4) State expected duration
- 5) Indicate foreseeable risks or discomforts. If the risk is minimal, indicate "The risk from participating in this study is no more that encountered in everyday life."
- 6) State expected benefits of the research. This does not mean benefits to the participant. It means the benefits the study data is hoping to add to the generalized knowledge of the topic.
- 7) Indicate approximate number of participants in the study
- 8) Indicate any compensation participants may receive
- 9) Assure that participants may withdraw from the research at any time
- 10) Volunteer to inform participants of research findings during or after the study
- 11) Assure confidentiality by stating how the data will be stored; i.e. "the research/interview results will be kept in a locked file cabinet in my office that only I or my advisor will have access"
- 12) Provide a signature and date line for the participant and the PI.
- 13) If applicable in a Parental Permission Form, provide a separate line for the child's name, which may differ from the parent or guardian
- 14) If the interview is to be audio or video recorded, provide a separate line for the participant to agree to the audio or video taping
- 15) PIs should not pre-sign the consent forms (they should be signed at the same time the participant signs).
- 16) **Parental Permission forms need to have the heading "Parental/Guardian Permission Form"**

Letters of cooperation/support from institutions where recruitment will take place should be submitted with the IRB proposal. However, these letters can be submitted after the IRB's review of the proposal, but research cannot begin until such letters are submitted.

SAMPLE

(To be printed on **Department Letterhead**)

CONSENT FORM

(Forms requesting parental permission for their children to participate in research must be headed: "Parental Permission Form.")

My name is _____ and I am (*a professor/student*) in the _____ Ph.D. Program at The Graduate Center of the City University of New York (CUNY), and Principal Investigator of this project, entitled "_____." This is a research study of _____. The study is expected to _____ . I would like permission to interview you about your experiences, and would like you to fill out the 5-page questionnaire (*describe in some detail whatever it is you are asking the participant to do*).

This interview will take from one to two hours, and the questionnaire should take approximately one hour. I will pay you \$\$ to fill out the questionnaire (*if compensation is being offered*). With your permission, I would like to audio-tape this interview so I can record the details accurately. The tapes will only be heard by me and my advisors. All information gathered will be kept strictly confidential, and will be stored in a locked file cabinet, to which only I, and my advisor, will have access. At any time you can refuse to answer any questions or end this interview.

The risk involved in this study, is that (*describe any risk or the following may be used if applicable: "The risks from participating in this study are no more than encountered in everyday life."*). The benefits of your participation is that (*describe the benefits of the study that you hope will add to the generalized knowledge of your research topic, [there usually are not any direct benefits to the participant]*). There will be approximately (*total number*) of participants taking part in this study.

I may publish results of the study, but names of people, or any identifying characteristics, will not be used in any of the publications. If you would like a copy of the study, please provide me with your address and I will send you a copy in the future.

If you have any questions about this research, you can contact me at (000) 000-0000 or email address, or my advisor name at (212) 000-0000 or email address. If you have questions about your rights as a participant in this study, you can contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525, kpowell@gc.cuny.edu.

Thank you for your participation in the study. I will give you a copy of this form to take with you.

I agree to have this interview audio recorded please [circle one]:

Yes No

Participant's signature

Date

Investigator's signature

Date