REQUIRED ELEMENTS FOR A CONSENT FORM

1. Identification and affiliation of researchers.
2. Explanation of the purpose of the study.
3. Request for participation.
   a. Participation is voluntary.
   b. No penalty for declining to participate.
   c. Right to withdraw at any time without penalty.
   d. Right to withdraw data at end of session. (If this is not possible, explain why.)
4. Explanation of the research method.
   a. Procedures used.
   b. Duration of research participation.
   c. If the research method involves a treatment or medical procedure, a description of any alternative treatments.
5. Methods used to protect privacy.
   a. Whether and how anonymity is protected. (Anonymity is protected if the researchers do not record any potentially identifying information.)
   b. Whether and how confidentiality is protected. (Confidentiality is protected if procedures are used to secure any potentially identifying information so that it will not be revealed to others. These procedures might include keeping the information in a locked file cabinet in a designated location.)
6. Explanation of any risks. Examples of risks include risk of injury or illness, emotional distress, or loss of privacy (see page 7).
7. Description of benefits to the subjects or to others. Benefits could include various types of payment or compensation as well as less tangible benefits (e.g., improved understanding of research, learning about oneself).
8. Information on who to contact with questions about the study.
9. Information on how to contact the person designated to answer questions about subjects’ rights. (UCM Research Compliance Official, 660-543-8562).
10. Indication that subjects may keep a copy of the consent form.
11. Lines for signature of subject and date of consent.

ADDITIONAL ELEMENTS WHICH MAY BE REQUIRED

12. If the research involves a treatment or medical procedure, a statement that the treatment may involve risks that are currently unforeseeable.
13. A description of any circumstances in which the subject’s participation may be terminated by the investigator.
14. Any additional costs which may result for the subject as a result of participating.
15. A description of how subjects may withdraw from participation and any consequences of withdrawing.
16. A statement that any new findings that might affect the subject’s decision to continue participating will be provided to the subject.
17. The approximate number of subjects involved.
EXAMPLE CONSENT FORM

Identification of Researchers: This research is being done by (insert your name and title). We are with the University of Central Missouri.

Purpose of the Study: The purpose of this study is to find out whether people with different personality traits also differ on their grade point averages in college.

Request for Participation: We are inviting you to participate in a study on personality and grades in college. It is up to you whether you would like to participate. If you decide not to participate, you will not be penalized in any way. You can also decide to stop at any time without penalty. If you do not wish to answer any of the questions, you may simply skip them. You may withdraw your data at the end of the study. If you wish to do this, please tell us before you turn in your materials. Once you turn in the materials, we will not know which survey or test is yours.

Exclusions: You must be at least 18 years of age to participate in this study.

Description of Research Method: This study involves completing a short survey and a personality test. The survey will ask you about your age, class rank, gender, and college grade point average. The personality test is a multiple-choice test. This study will take about 30 minutes to finish. After you finish, we will explain the purpose of the study in more detail. You will also have a chance to ask questions.

Privacy: All of the information we collect will be anonymous. We will not record your name, student number, or any information that could be used to identify you. We will also provide you with a blank sheet of paper so that you can cover your responses as you write them down. This will prevent other research participants from seeing your answers.

Explanation of Risks: The risks associated with participating in this study are similar to the risks of everyday life. (An explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and if so what they consist of or where any further information may be obtained.)

Explanation of Benefits: You will benefit from participating in this study by getting firsthand experience in psychological research. You may also enjoy completing the personality test. We will provide you with a coupon that you may use if any of your instructors award credit for research participation.

Questions: If you have any questions about this study, please contact (insert your contact information). If you have any questions about your rights as a research participant, please contact the UCM Research Compliance Officer at (660) 543-8562.

If you would like to participate, please sign a copy of this letter and return it to me. The other copy is for you to keep.

I have read this letter and agree to participate.

Signature: ___________________________ Printed name: ___________________________

Date: _______________________________

Person obtaining consent: ___________________________