531 Main Street

Bethlehem, Pennsylvania 18018 USA

(610) 807-9221 : phone

(610) 807-0423 : fax

[www.iirp.edu](http://www.iirp.edu/)

**(INFORMED CONSENT FORM (SOCIAL BEHAVIORAL): MINIMAL RISK)**

**CONSENT FORM**

**Title of Research Study**

**Introduction**

The purposes of this form are to provide you (as a prospective research study participant) information that may affect your decision whether or not to participate in this research and to record the consent of those who agree to be involved in the study.

**Researchers**

(Identify the following: Name, Title, Name of Institution) has invited your participation in a research study.

**Study Purpose**

The purpose of the research is to...

(Describe the justification for the research in simple lay language.)

**– OR –**

Several studies have been conducted to learn about the subject of (Describe the research topic). None have explored (Describe the specifics of what you are studying).

**Description of Research Study**

If you decide to participate, then you will join a study (if funded, state and include sponsor’s name) involving research of… (Include a non-technical explanation of the protocol, and identify those aspects of participation that are experimental. Discuss randomization procedures, if applicable, such as tossing a coin and chances of being assigned to one group versus another. Discuss that participants can skip questions if the study involves a survey, interview, or focus group.)

If you say YES, then your participation will last for (duration of participation) at (location). You will be asked to (non-technical description of what will happen to all participants).

Approximately (number) of subjects will be participating in this study (nationally and locally, if relevant).

**Risks**

There are no known risks from taking part in this study, but in any research there is some possibility that you may be subject to risks that have not yet been identified.

**Benefits**

The possible/main benefits of your participation in the research are (Describe the benefits of participation, or lack of benefits, to the individual subject as well as to society.)

**– OR –**

Although there may be no direct benefits to you, it is possible that your participation will benefit others by (Describe the possible benefits to others.)

**Confidentiality**

All information obtained in this study is strictly confidential. The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify you. In order to maintain confidentiality of your records, (name of investigator) will (Indicate specifically how the investigator will keep the names of the subjects confidential, the use of subject codes, how this information will be secured, and who will have access to the confidential information. "Confidentiality will be maintained" is not acceptable. If the study involves audio or video recordings, describe when and how they will be destroyed.)

**– OR –**

In some cases, such as a focus group, it may not be possible to guarantee confidentiality. Here is an example of what can be stated when confidentiality cannot be guaranteed. Due to the nature of the study, the research team cannot guarantee complete confidentiality of your data. It may be possible that others will know what you have reported. In some cases, if confidentiality cannot be guaranteed, this may be a risk to the subject and should be described in the Risks section.

**Withdrawal Privilege**

Participation in this study is completely voluntary. It is okay for you to say “No.” Even if you say “Yes” now, you are free to say “No” later, and withdraw from the study at any time.

If applicable: Your decision will not affect your relationship with the International Institute for Restorative Practices or otherwise cause a loss of benefits to which you might otherwise be entitled.

If the subjects are students, patients, clients, or employees, advise that participation is voluntary and that nonparticipation or withdrawal from the study will not affect their grade, treatment, care, or employment status, as appropriate.

If applicable, subjects should be told what will happen to their audio or video recordings and/or data if they withdraw.

**Costs and Payments**

The researchers want your decision about participating in the study to be absolutely voluntary. Yet they recognize that your participation may pose some (…costs, inconvenience, etc.). In order to (help defray your costs) you may receive (payment, etc.). (If payment is to be provided to the subject, include amount of payment, method of payment, and schedule for payment including whether payment will be made in increments or in one lump sum. Discuss issue of payment if subject does not complete the study).

**– OR –**

There is no payment for your participation in the study.

**Voluntary Consent**

Any questions you have concerning the research study or your participation in the study, before or after your consent, will be answered by (name, address, and telephone number of the primary investigator. The name and contact information of co-investigators can be included as well).

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk; you can contact the Chair of the IIRP’s Institutional Review Board, through the IIRP Office, at 610-807-9221.

This form explains the nature, demands, benefits and any risk of the project. By signing this form, you agree knowingly to assume any risks involved. Remember, your participation is voluntary. You may choose not to participate or to withdraw your consent and discontinue participation at any time without penalty or loss of benefit. In signing this consent form, you are not waiving any legal claims, rights, or remedies. A copy of this consent form will be given (offered) to you.

Your signature below indicates that you consent to participate in the above study. (Release statement for video recording must be inserted here if applicable. For example: By signing below, you are granting to the researchers the right to use your likeness, image, appearance and performance – whether recorded on or transferred to video, film, slides, and photographs – for presenting or publishing this research [or for whatever use]. This can be done as part of the signature line or as a separate signature if there are options for video recording, photography, use of records, etc.).

Printed Name of Subject:

Signature of Subject:

Date:

If applicable:

Printed Name of Legal Authorized Representative:

Signature of Legal Authorized Representative:

Date:

**Investigator’s Statement**

"I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. These elements of Informed Consent conform to the IRB standards given by International Institute for Restorative Practices to the IRB to protect the rights of human subjects. I have provided (offered) the subject/participant a copy of this signed consent document."

Printed Name of Investigator:

Signature of Investigator:

Date: