{Sample Consent Form for Adult Participant: DELETE ALL BRACKETED INFORMATION PRIOR TO USE. Fill in all highlighted areas.}



INSERT TITLE OF STUDY

The present study is being conducted by (Insert *name of the principal investigator (s))* from the Department *(Insert name of department)* at Providence College. The purpose of the study is to investigate (insert a clear and easy to understand *purpose***). {If you are not revealing the full purpose of the study please include: “If you decide to participate, the full purpose of the study will be revealed to you upon completion of your participation.”}**

If you agree to participate, you will be asked to *(state what the participants will do/general procedures in sufficient detail so the participant can make an informed choice about participation).* The entire study should last no more than *(number of minutes/hours etc.*).

There are no known risks or benefits to participating in this study. You will earn *(amount of money/# of credits)* your participation. **{If there are risks, please state the potential risks and benefits. If there is no more than minimal risk, please state so. If there are no known risks, please indicate.}**

Your responses during the study are anonymous. Each participant is assigned a number and the names are in no way associated to the numbers. We do not collect any information about your personal identity. All responses are confidential and are stored on a password-protected computer. Finally, we are only interested in participants’ responses in aggregate and therefore do not analyze individual responses. **{Please adjust this paragraph to address if responses are anonymous and/or confidential. Describe how the data is stored and who will have access to the data.}**

Your decision to participate is entirely voluntary. You are free to end your participation (i.e., stop the experiment) at any time without penalty (i.e., you will still be paid/earn credit). You are free to refuse to answer specific questions in the scenarios or any questions posed by the experimenter. Finally, you have the right to request that your data not be used. **{Please adjust this paragraph to describe how the participant can stop the study without penalty ensuring that participation is voluntary}**

You are free to ask questions at any time during the study. **{Include this statement if any deception is utilized: “Please keep in mind that we cannot reveal the full purpose of the study until you have completed your participation.”}**  If you have concerns about your experiences in the study and/or your rights as a participant, please contact the Providence College IRB via e-mail at irb@providence.edu or you may contact the Principle Investigator (insert name and *e-mail of principal investigator)* or phone *(phone of principal investigator)*.

Your signature on this form indicates that you have read and understand the form, the general procedures of the study, and agree to participate in the study. You will be given a copy of this form to keep for your records.

Participant’s Name/Last 4 Digits of Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_I confirm I am 18 years of age or older and can consent to participation in this study.

Participant’s Signature: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_