*Note (REMOVE THIS TEXT BEFORE SUBMITTING): This is a simplified consent form for use with minimal risk surveys, interviews or focus groups.*

*Blue text in brackets is information that needs to be entered. Red text is optional, sample phrasing.*

*Edit this document to accurately reflect your project and IRB requirements.*

**[Title of Project]**

**Informed Consent for [Surveys or Interviews or Focus Groups]**

[Version Date]

[PI name], from the [Department of department name or organization name] is conducting a research study. The purpose of the research is [briefly describe the purpose of the study]. You are being asked to participate in this study because [inclusion and exclusion criteria].

Your participation will involve [explain procedures here]. The [survey/interview/focus group] should take about [XX] minutes to complete. The [survey/interview/focus group] includes questions such as [briefly provide examples of questions here]. (if you are recording and/or photographing interviewees or focus groups, say so) Your involvement in the study is voluntary, and you may choose not to participate. You can refuse to answer any of the questions at any time. There are no names or identifying information associated with your responses (modify if identifiers will be linked to data). There are no known risks in this study, but some individuals may experience discomfort or loss of privacy when answering questions. Data will [describe data management/destruction].

The findings from this project will provide information on [explain expected generalized benefit]. If published, results will be presented in summary form only [exclude if quotes with names will be used].

If you have any questions about this research project or about what you should do in case of any harm to you, or if you want to obtain information or offer input please feel free to call [PI name] at [#] or [FA name] at [#]. If you have questions regarding your rights as a research subject, you may contact the Kenyon College IRB Administrator, Ms. Jami Peelle peelle@kenyon.edu or 1.740.427.5748.

By [provide method of enrollment] (ie signing below, clicking “OK”, returning this survey in the envelope provided, participating in the focus group/interview) you will be agreeing to participate in the above described research study.

If you are requesting waiver of documentation of consent (no signature), delete the lines below.

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Name of Adult Participant Signature of Adult Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Name of Research Team Member Signature of Research Team Member Date