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DO

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**Institute for Clinical Social Work**

**Research Information and Consent for Participation is Social Behavioral Research**

**Title of study using terms laypeople will understand**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acting for myself, agree to take part in the research entitled (insert title of study)

This work will be carried out by (insert your name) under the supervision of (insert your chair’s name).

This work is being conducted under the auspices of the Institute for Clinical Social Work; At St. Augustine College, 1345 W. Argyle St., Chicago, IL 60640; (773)935-6500.

Write under each heading below. Do not delete any of the headings. Do not add any new headings.

**Purpose**

The purpose of this study is to….

(Include a short paragraph stating that the study involves research, the purpose of the work, what use may be made of the result)

**Procedures used in the study and duration**

Short paragraph describing the protocol, measures, duration and payment (if any).

**Benefits**

Describe the direct benefits to the subjects for participation in the study. Payment is not considered a benefit. If no benefits accrue directly to the subject, state that clearly. Include general benefits to society, knowledge here.

**Costs**

Describe any monetary costs to participants (for travel, tests, etc.). If costs are being covered by a sponsor covered by a sponsor or by the researcher, state that. If there are no costs associated with participation, state that explicitly.

**Possible Risks and/or Side Effects**

List any known risks, including inconveniences or negative emotional responses that may occur as a result of participation. State what measures will be taken to minimize discomfort/hazards and what reimbursement/treatment will be given should possible risks materials (such as referral to therapist\_. If you cannot predict the risks because there is no body of knowledge concerning a procedure like the one you are using, state that the risks cannot be predicted.

**Privacy and Confidentiality**

Define clearly how the participant’s privacy and the confidentiality of the data will be protected. Outline the procedures for keeping identifiable data separate from the rest of research data and describe how the data will be disposed of.

**Subject Assurances**

By signing this consent form, you agree to take part in this study. You have not given up any of your rights or released this institution from responsibility for carelessness.

You may cancel my consent and refuse to continue in this study at any time without penalty or loss of benefits. Your relationship with the staff of ICSW will not be affected in any way, now or in the future, if you refuse to take part, or if you begin the study and then withdraw.

If you have any questions about the research methods, you can contact (insert your name) at (insert your phone number/email address) or (insert dissertation chair’s name) at (insert chair’s phone number/insert chair’s email address).

If you have any questions about your rights as a research subject, you may contact Dr. John Ridings, Chair of Institutional Review Board; the Institute for Clinical Social Work; At St. Augustine College, 1345 W. Argyle St., Chicago, IL 60640; (773)935-6500.; irbchair@icsw.edu.

**Signatures**

For the Participant

I have read this consent form and I agree to take part in this study as it is explained in this consent form:

Participant Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like a summary of the results of this study?

Yes: \_\_\_\_

No: \_\_\_\_

For the Primary Researcher

I certify that I have explained the research to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and believe that they understand and that they have agreed to participate freely. I agree to answer

any additional questions when they arise during the research or afterward.

Researcher Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_