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## Participant Consent Form

Institutional Review Board for Research with Humans

Bakke Graduate University

8515 Greenville Ave.

Dallas, TX 75243-7039

800-935-4723

Email: [*IRBcoordinator@bgu.edu*](mailto:IRBcoordinator@bgu.edu)

(**Note to researchers**: Please use this form as a model for your Participant Consent Form, which must be distributed to all of your research participants.)

You are being asked to take part in a research study related to Bakke Graduate University on the topic of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please read this form carefully and ask any questions you may have before agreeing to take part in the study. You must be at least 18 years old and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (indicate any other requirements for participants in this study).

What we will ask you to do: If you agree to be in this study, ***someone on the research team*** will conduct an interview with you ***and/or ask you participate in a questionnaire***. The interview ***and or questionnaire*** will include questions about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If an interview is conducted, it will require approximately*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_(time) to complete. With your permission, we would also like to tape-record the interview.

Risks and benefits: There is the risk that you may find some of the questions to be sensitive in nature. [Note: For studies posing no specific risks, use the IRB standard minimal risk statement, "I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life."] There are no benefits to you other than what you may learn from the study.

**Compensation**: You will earn no compensation participating in this study.

**Your answers will be confidential**. The records of this study will be kept private. Publicly available reportswill not include any information that will make it possible to identify you. Research records will be kept in a restricted or ‘locked’ file, where only the researchers will have access to the records. If ***an*** interview ***is audio recorded,*** ***the research team will*** destroy the tape after it has been transcribed, which we anticipate will be within two months of its taping.

**Taking part is voluntary:** Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with BGU. If you decide to take part, you are free to withdraw at any time.

**If you have questions:** The researchers conducting this study are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and they can be contacted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please ask the researcher(s) any questions you have before signing this form. If you have questions later, you may contact any of the researcher indicated above.

If you have questions or concerns regarding your rights as a subject of this study or other question that you would like to discuss with a representative from Bakke Graduate University, you may send an email to the Coordinator of BGU Institutional Review Board or you can call the school (see contact information at top of this form). You can also use a phone call to report your concerns or complaints anonymously if you so desire. You may also see information on Bakke Graduate University at the school website at [www.bgu.edu](http://www.bgu.edu). You will be given a copy of this form to keep for your records.

**Statement of Consent**: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition to agreeing to participate, I also consent to having the interview taped.

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: The researcher will keep this consent form for at least three years beyond the end of the study. The title of the study should appear at the top of every page.