

Toolkit Template:

Model consent form

You are invited to participate in a study of [state what is being studied]. We hope to learn [state what the study is designed to discover or establish]. You were selected as a possible participant in this study [state why and how the subject was selected].

If you desire to participate, you will [describe the procedures to be followed, including their purposes, how long they will take, and their frequency].

[Describe any risks, discomforts, and inconveniences that may reasonably be expected and any benefits to subjects or society that may reasonably be expected.]

Any information obtained in this study in which you can be identified will remain confidential and will be disclosed only with your permission. [If any information will be released to anyone for any reason, state the persons or agencies to whom the information will be given, the nature of the information to be given, and the purpose of the disclosure.]

[Describe any compensation or costs related to the study.]

Participation in this study is voluntary. Your decision to participate or not to participate will not affect your future relations with [institution]. If you decide to participate, you may withdraw from the study at any time without affecting your status as a [patient, student, or other status].

If you have any questions about this research, please ask me. If you have additional questions during the study, I will be glad to answer them. You can contact me at [contact details].*

You will be given a copy of this consent form to keep.

Adapted from Schuh and Upcraft, 2001.

You are making a decision whether to participate. Your signature indicates that you have read the information provided about this study and have voluntarily decided to participate.

Signature of participant Signature of parent or legal guardian [if subject is under 18 years of age] Signature of researcher	Date	
	Date	
		substituted from this point: You are under no obligation to participate in
You may keep this cover letter and explanati the handling of the information you supply.	ion about the nature of your participation in this study and	
Yours sincerely,		
Signature of researcher	Date	

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