

**APPENDIX F:  
INFORMED CONSENT FORM FOR IN-PERSON STUDIES  
(MANDATORY FOR ALL RESEARCH STUDIES)**

*The following is an informed consent form template for in-person research studies, along with instructions regarding what information must be included. Written informed consent is required for all projects, unless waived in advance by the IRB for rare circumstances. For rare circumstances, make an inquiry with the IRB before submitting your application. We do not waive parental/legal guardian informed consent for studies with minors. Each research project is unique, so the blue areas should be customized to your study.*

*Instructions: Fill out all blue areas that are applicable to your study. Delete all instructional text from your final draft, including this area above the line. This form cannot be abbreviated, sections in black cannot be altered or deleted, and each subsection must be addressed.*

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**(ADD THE TITLE OF YOUR RESEARCH STUDY HERE)**

The study in which you are being asked to participate is designed to investigate (add information on what you are investigating). This consent form is part of the informed consent process and its purpose is to provide you with information to help you decide if you want to participate in this research study. This study is being conducted by (add your full name here, a student/professor) at Concordia University Irvine under the supervision of (add your supervisor's full name, title, and school/department). This study has been approved by the Institutional Review Board, Concordia University Irvine, in Irvine, CA.

**PURPOSE:** The purpose of this study is (add an explanation of the purpose(s) of the research. There should be enough information so the potential participant can decide whether they are interested in participating or not. There should be at least four detailed sentences here.).

**DESCRIPTION:** (Add a description of the procedures to be followed). If you agree to participate in this study, you will be asked to (add a description of what the participant will be asked to do: fill out a survey, conduct an interview, etc.)

**DURATION:** (Add the expected duration of the subjects' participation in the survey, interview, etc. For example, "Participants will fill out a confidential online survey one time for 15 minutes.").

**PARTICIPATION:** Participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue

participation at any time without penalty or loss of benefits, to which the subject is otherwise entitled.

**CONFIDENTIALITY:** Every effort will be made to keep your information confidential, but total confidentiality cannot be guaranteed. (Note: Do not say “anonymous” in this form or in any of the other documents that you submit to the IRB, including your protocol.)

**DATA SECURITY AND DESTRUCTION:** Data will be stored in a password protected file that is accessible only by me, the researcher. The data will be destroyed three years after the study has been completed. (If you are using a key code that links participant names/emails/other identifiers to their data, please add that only you will have access to it, it will be stored separately from your other data, it will be password protected, and you will also destroy it three years after the study has been completed.)

**VIDEO/AUDIO/PHOTOGRAPH:** (If applicable, include a statement that the research will include one or all of the noted categories.) As part of this research project, we will be taking a photograph/video recording/audio recording of you during the study. Please indicate what uses of this photograph/video recording/audio recording you are willing to consent to by initialing below. You are free to initial any number of spaces from zero to all of the spaces to indicate what you specifically consent to, and your response will in no way affect your participation. We will only use the photograph/video recording/audio recording in a way that you agree to. In any use of this photograph/video recording/audio recording, your name would not be identified. If you do not initial any of the spaces below, you will not be involved in photograph/video recording/audio recording activities.

(ONLY LIST ITEMS APPLICABLE TO YOUR STUDY)

- The photograph/video recording/audio recording can be studied by the researcher for use in this study. Please initial if you consent: \_\_\_\_\_
- The photograph/video recording/audio recording can be shown/played to other subjects in the study: Please initial if you consent: \_\_\_\_\_
- The photograph/video recording/audio recording can be used for scientific publications. Please initial if you consent: \_\_\_\_\_
- The photograph/video recording/audio recording can be shown/played at meetings of academics such as researchers or scientists. Please initial if you consent: \_\_\_\_\_
- The photograph/video recording/audio recording can be shown/played in classrooms to students. Please initial if you consent: \_\_\_\_\_
- The photograph/video recording/audio recording can be shown/played in public presentations to non-academic or non-scientific groups. Please initial if you consent: \_\_\_\_\_
- The photograph/video recording/audio recording can be used on television, radio, social media, or other forms of broadcasting. Please initial if you consent: \_\_\_\_\_

If you are using Zoom and/or recording on Zoom or using a similar software, you must add the following line: “You need to change your name to Guest before logging on.” If you are NOT using photography/video recording/audio recording, then delete this entire section.

**SECONDARY DATA USE:** (Choose one of the two options here, then delete the other: I will distribute data from this research study to others for secondary research purposes after any and all identifiers have been removed, without further permission from you. OR I will not distribute data from this research study to others for secondary research purposes.)

**RISKS:** (Add a description of any reasonably foreseeable risks or discomforts to the subject. If there are no foreseeable risks to their participation in the research please state so. If the risk is emotional or psychological in nature, please direct CUI affiliates to the CUI counseling center and non-CUI affiliates to a good, free resource.)

**BENEFITS:** (Choose one of the two options here, then delete the other: There are no direct benefits for participants. OR There are direct benefits for participants. Note that direct benefits in this context means that you are giving something to participants as part of the study, such as a free program subscription, free tutoring, etc. “Learning more about yourself or about the research subject” is not a direct benefit. If you choose that there are direct benefits, add a description of the benefits to the subject/s or to others which may reasonably be expected from the research. Please do not claim benefits which you cannot possibly attribute to the research. Then, you may add any *indirect benefits* that might occur as a result of your research, such as the generation of new knowledge about your research topic. If you are offering compensation such as a gift card, please make sure in advance that this is legal where you want to distribute it (i.e., if you are holding a raffle, is the raffle legal in the jurisdiction of your study?) then state how much is on the gift card, which company the gift card is for, and how they can expect to receive their compensation).

**RESULTS:** (Add an explanation as to where the results can be obtained after you have completed your study and disseminate the results for publishing. This should not include your name or phone number, but a place and exact location where the results can be obtained. For CUI affiliates, this could be the CUI Library).

**CONTACT:** If you have any questions, concerns, or complaints about this study, please contact (add your name and contact info). You may also contact my advisor (faculty advisor’s name and contact info). You may contact me for answers to pertinent questions about my research study and subjects’ rights. In case of a research-related injury to the subject, contact (faculty advisor’s name and contact info) and Concordia University Irvine’s IRB at [irb@cui.edu](mailto:irb@cui.edu).

**CONFIRMATION STATEMENT:** (Choose one of the following sentences.)

I have read the entire Informed Consent form, or had it read to me, understand it, and agree to participate in this study. **OR**

I understand that I must be 18 years of age or older to participate in this study. I have read the entire Informed Consent form, or had it read to me, understand it, and agree to participate in this study.

**SIGNATURE:** (Note that Parents/Legal Guardians will sign here on behalf of their children. The children will also provide their separate assent.)

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

Printed Name: \_\_\_\_\_

The extra copy of this consent form is for your record.

- For Non-English Speaking subjects, a translation of the consent form must be submitted and approved by the IRB.
- If you have a multi-part study, such as a survey and an interview using different participants, then you must submit separate informed consent forms for each part of your study. If you only submit one informed consent form for both, then you are asking your participants to consent to both parts of your study at once and you expect that they would volunteer for both. If the latter is your intention (same participants for both the survey and interview), then one informed consent detailing both parts of the study is fine.