**[Title of research project] Informed Consent Form**

Thank you for considering participation in this survey. Please read the following consent information, and if you agree, click yes to advance to the survey questions.

**Purpose:** This study will [insert purpose here].

**Participant Selection:** [List the population you are selecting/soliciting participation from, and how].

**Explanation of Procedures:** If you decide to participate, you will answer [describe the survey]. It is expected the survey will take you [estimate length in minutes] to complete.

**Risks:** There are no anticipated risks associated with participating in this study. However, if you feel uncomfortable with a question, you may skip it, and you may exit the survey at any time.

**Benefits:** [List potential benefits if there are any to the participant. If the study benefits others, list those as well].

**Compensation:** [List any compensation participants will receive. If none, say so.]

**Confidentiality:** Any feedback you provide in the survey will be kept confidential. Your data will remain anonymous, which means your name will not be linked to the data you provide. [Briefly discuss who will have access to the data, where the data will be retained and for how long].

**Voluntary Participation/Right to Withdraw:** Participation in this study is completely voluntary. Refusal to participate will involve no penalty. You can decide not to answer any question you feel is too personal or sensitive. You have the right to withdraw from the study at any point without penalty or notice to the researcher(s). You are under no obligation to participate in this study.

**Voluntary Consent:** I have read the above statements and understand what is being asked of me. I also understand that my participation is completely voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. On these terms, I certify that I am willing to participate in this research project.

For questions about this study or if you would like to know the results of the study, please contact:

Principal Investigator:

[Name]

[Email address]

Faculty sponsor/advisor:

[Title and name]

[Email address]

\*I have read the above statement and consent to participating in this survey

\_\_\_ Yes

\_\_\_ No

[Add participant signature block if physical consent form.]