**SOJC Pool Written Consent for Research Participation**

**Title:** [Title]

**Sponsor:** [Name of Study Sponsor, if sponsored. If no sponsor, delete this line]

**Researcher(s):** [Name], [Institution (e.g., University of Oregon)]

 [Name], [Institution (e.g., University of Oregon)]

**Researcher Contact Info:** [Phone]

 [Email]

You are being asked to participate in a research study. The box below highlights key information about this research for you to consider when making a decision whether or not to participate. Carefully consider this information and the more detailed information provided below the box. Please ask questions about any of the information you do not understand before you decide whether to participate.

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| **Key Information for You to Consider** |
| * **Voluntary Consent**. You are being asked to volunteer for a research study. Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with the UO SOJC. If you decide to participate, you are free to withdraw your consent and discontinue participating at any time without penalty.
* **Purpose**. The purpose of this research is [provide a brief description of why the research is being conducted].
* **Duration.** This study will take [expected duration] to complete. You will be paid [amount paid] or will be awarded [number] credit(s) for your participation. If you discontinue participation in the middle of the study, you will receive 0.1 credit for each 6 minutes of participation, rounded up to the next 6 minutes. For example, if you complete 1-6 minutes you will receive 0.1 credit, if you complete 7-12 minutes you will receive 0.2 credit, and so on. If you keep your scheduled study appointment but choose not to participate in the study at all, you will still receive 0.2 credit.
* **Procedures and Activities.** You will be asked to [briefly highlight the key research activities/procedures].
* **Risks.** Some of the foreseeable risks or discomforts of your participation include [describe the most important risks. Consider those most probable and/or highest magnitude of harm].
* **Benefits**. Some of the benefits that may be expected include [insert direct benefits, or if no direct benefit to subject state no direct benefit but the researchers hope to learn/gain xyz].
* **Alternatives.** The SOJC has established alternative assignments for students who do not wish to participate in research when involvement in a study is required for course credit. Please see your instructor if you would rather complete an alternative assignment.
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Why is this research being done?

The purpose of the research is [describe purpose of the study in simple terms, if the purpose if fully explained above, delete this entire section].

What happens if I agree to participate in this research?

In this study, you will be asked to [describe research activities in detail, for example: *You will be asked to solve several number problems. We will also be asking you to fill out a variety of social and psychological surveys. In total, this study will take approximately 30 minutes. You will be participating to better understand the conditions of problem-solving among college students.*]

You will receive a full debriefing, during which the researchers explain what they were interested in investigating and why they chose the methods that they used emailed to you at the end of the term.

How will my privacy and data confidentiality be protected?

The SONA-Systems website maintains several pieces of data which identify you. This includes your name, University of Oregon Student ID number, your chosen username, your chosen password, and the list of studies you have completed. This information is permanently deleted from the SONA server at the end of each academic term. This data can only be accessed by the Subject Pool Coordinator. Your instructor will be provided with a list of student names and effective hours completed from the Subject Pool Coordinator but will have access to no other information.

What are the risks if I participate in this research?

The risks or discomforts of participating in this research include [describe risks, for example: *The surveys will ask you about some topics related to how you view yourself. You may choose not to answer these questions or any other, or not to participate in any other aspects of the study, at no cost to your compensation.* If the risks are fully explained above, delete this entire section.]

What are the benefits of participating in this research?

You may or may not benefit from participating in this research. [describe benefits, if benefits are fully explained above, delete this entire section].

Who can answer my questions about this research?

If there are any questions about the study, please contact [Researcher First and Last name] at [Researcher’s email address]. If you have questions about your rights or wish to speak with someone other than the research team, please contact the University of Oregon Research Compliance Services (RCS) at 541-346-2510 or researchcompliance@uoregon.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)

Signature of person obtaining consent Date

Printed name of person obtaining consent

*This consent form will be kept by the researcher for at least five years beyond the end of the study.*