

Example

Participant's Informed Consent

By my signature on this form I acknowledge the following:

1. My participation is strictly voluntary, and I understand that I may choose to respond to any, all, or none of the questions asked in the group.
2. I have been assured that my responses will remain strictly confidential with regard to my identity
3. I understand the research requirement that the group interview be audio taped and that no identifying information will be associated with individuals in the study.
4. I understand that I will not receive any direct personal rewards from participating in this study and my participation will not affect my occupational or student standing.
5. I have the opportunity of seeing the results of this study if I so request.

Participant _____ Date _____

Principal Investigator _____

Phone # of Principal Investigator: _____

* I request a copy of the research results be sent to me at the following address:

Any questions about this research may be directed to the Chairpersons of the Wilmington University Committee for the Protection of Human Subjects. Please send questions to (302) 295-1126 or doctorate@wilmu.edu or the office of Wilmington University Doctor of Education Program, Human Subject Committee at Wilson Graduate Center, 31 Reads Way, New Castle, DE 19720.

ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE WILMINGTON UNIVERSITY COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS BY CALLING 302-295-1126 OR EMAIL DOCTORATE@WILMU.EDU. ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT WILMINGTON UNIVERSITY ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND STATE AND THE FEDERAL GOVERNMENT.