**Use this consent template for surveys, questionnaires, or interviews if you WILL NOT be collecting signatures IP addresses, or other identifiable information.**

**University of Kentucky Consent to Participate in Research**

**Research Title:** *(title)*

**Protocol #:** *(5-digit protocol number)*

**Researcher:** *(name, credentials, institution)*

**Contact Information:***(phone, email)*

**Research Sponsor:** *(remove if no sponsor)*

**Faculty Advisor:** *(remove if your research is not an academic requirement)*

*IF APPLICABLE: (Insert name of person or entity permitting contact with potential subject)* allowed me to contact you because *(describe the reason for contacting the potential subject).*

**Purpose, Procedure, and Duration:**

We are researchers from the University of Kentucky inviting you to participate in a *(survey, questionnaire, interview).* We want to learn more about *(explain the* ***purpose*** *of the study)*.

If you agree to participate in our study, you will be asked to *(explain the study* ***procedure****)*. The *(survey, questionnaire, interview)* will take about *(say* ***how long*** *the study will take)* minutes to complete. We expect *(XXX)* people to respond.

**Eligibility:**

You must meet the following requirements to participate in this research study:

* *(Give each eligibility requirement its own bullet).*

**Benefits:**

You may not benefit personally from being in this study, but your answers could help us understand more about *(topic being studied).*

**Risks:**

Some of our questions may make you feel uncomfortable or upset, but you can skip any question you don’t want to answer. You can also stop the survey at any time.

*IF APPLICABLE:* We will use *(survey company’s name)* to collect your responses. They may have Terms of Service and Privacy policies outside of the control of the University of Kentucky that allows them to use your data for other purposes.

We will make every effort to safeguard your data. However, we cannot guarantee the security of data obtained via the internet.

**Reward:**

*IF APPLICABLE:* You will be paid *(XXX)* for participating in our study. *(Explain any conditions for receiving the reward)*.

*IF APPLICABLE:* You will be entered into a gift card drawing for *(XXX)* for participating in our study. You have an approximate 1 in *(XXX)* chance of winning. *(Explain any conditions for receiving the reward)*.

*IF PAYMENT IS INCLUDED:* With a few exceptions, study payments are considered taxable income reportable to the Internal Review Service (IRS). A form 1099 will be sent to you if your total payments for research participation are $600 or more in a calendar year.

*IF PAYMENT IS NOT INCLUDED:* You will not receive any rewards or payment for taking part in the study.

*IF APPLICABLE:* You will receive class credit for participating in our study. Alternatives for class credit are available if you don’t wish to participate.

**Alternative Opportunities:**

We know of no alternative except not to participate in our study. *(OR describe alternative opportunities).*

*IF APPLICABLE:* See your course syllabus or instructor for more information about alternative class credit.

**Privacy and Future Use:**

Your responses to the research *(survey, questionnaire, interview)* are anonymous. That means we won’t know which responses are yours. We won’t collect names, internet addresses, email addresses, or any other identifiable information.

We *(may OR will not)* use your responses in future research or share them with other researchers.

**Complaints or Concerns:**

If you have questions about the study, please contact the researcher using the contact information provided above.

If you have complaints or concerns about your rights as a research volunteer, you can contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Thank you for taking the time to consider our study. You do not have to participate in our study, but we hope you will. To ensure your responses will be included in our study, please complete the *(survey, questionnaire, interview)* by *(XXX).*

**Please select an option below to indicate you read this information and you wish to take the survey:**

1. I agree to be in this study
2. I don’t want to be in this study

**Check “Request for Waiver of Signature” in the Informed Consent section of your protocol application if you use this template for anonymous research.**