**Sample Consent Form for Online Surveys**

[Note that this is a *sample* consent form for student researchers and should be altered to accurately reflect the *individual study.* Faculty researchers should make the obvious modifications to remove student references.]

You are invited to participate in a web-based online survey on [**describe research project**]. This is a research project being conducted by [**researcher name**], a staff/student at Agnes Scott College.  It should take approximately \_\_\_\_ [**minutes/hours/sessions**] to complete.

PARTICIPATION
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

BENEFITS
You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about …….

RISKS

There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

OR
There is the risk that you may find some of the questions to be sensitive.

OR

There is the risk that some questions may cause emotional discomfort.

OR

Some of the survey questions ask about […] and may be distressing to you as you think about your experiences.

OR

The possible risks or discomforts of the study are minimal. You may feel a little [uncomfortable/embarrassed/sad/tired/…] answering [personal/sensitive/many/…] survey questions.

CONFIDENTIALITY
Your survey answers will be sent to a link at SurveyMonkey.com where data will be stored in a password protected electronic format. Survey Monkey does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONTACT
If you have questions at any time about the study or the procedures, you may contact my me (staff) or research supervisor, [supervisor name] via phone at [number] or via email at [email address].

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the Campus Research Ethics Committee, St. Augustine UWI via email at campusethics@sta.uwi.edu

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that

* You have read the above information
* You voluntarily agree to participate
* You are 18 years of age or older

🞎 Agree

🞎 Disagree

Adapted from Source: [www.agnesscott.edu](http://www.agnesscott.edu)

CREC STA

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