

## CONSENT FORM FOR QUINCY COLLEGE

### Study Title:

**What is this project about?** The purpose of this research project is to examine the effects of **XXXXX** on **XXXXXX**.

**Who is doing this project?** This research program is being conducted by **XXXXX** and Quincy College.

**Who are the researchers?** The principal investigator is **Your Name, Your Title, Your Agency**. Assistant investigators that are affiliated with Quincy College are (put names, titles and institutions of each assistant investigator here).

**What is involved?** You will be asked to ... **fill in procedures here**

**Do I have to participate in this project?** No. Participation is voluntary. You may choose to participate or not to participate. You have the right to withdraw from the research program at any time, and you do not have to answer any questions regarding your withdrawal.

**Are there any risks involved?** There are minimal risks involved with participation in this research project. You will be filling out a survey form via email.

**What are the benefits?** There are no direct benefits to you for participating in this research study. Knowledge gained from this study may be used to improve community health programs in the neighborhood in which you reside.

**Confidentiality.** All information related to participation in this study will be completely confidential. No one outside the research team will see or hear about any individual data. All data reports and research results will be presented in aggregate form with absolutely no individual identification. Data collected in this research project will be kept in locked files and analyzed by numbers rather than name.

**Human Subjects Protection.** The Institutional Review Board (IRB) reviews research conducted at Quincy College. You may contact the IRB with questions or complaints regarding the research program. The IRB chairperson is David Ricca and may be reached at 617-984-1727 or [dricca@quincycollege.edu](mailto:dricca@quincycollege.edu). You are also encouraged to contact the Principal Investigator, **Your Name**, at **Your phone number** or **your email address**.

I have read and received a copy of this information sheet/consent form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Participant

Signed \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator