# Instructions for Investigators

Use this type of CONSENT FORM for research projects that involve:

* Focus Group Interviews
* Research participants who are ADULTS (age 18 and older)

Always have two copies of the informed consent for each potential participant. The PI or research team will keep the signed consent form and a copy will be given to the enrolled participant after written consent is given.

Be sure to enter the version number of the consent form in the footer.

Highlighted sentences are mandatory for all consent forms. Please remove the yellow highlights and red notes before finalizing your consent form.

Aloha! My name is Jane Researcher and I am a graduate student at the University of Hawai'i (UH) at Mānoa in the Department of Psychology. I am doing a research project as part of the requirements for earning my graduate degree.

***What am I being asked to do?***

If you participate in this project, you will join about four other people in a focus group to talk about your experience of the Career Development and Counseling program.

***Taking part in this study is your choice.***

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you. Your choice to participate or not participate will not affect your rights to services at the UH Career Development and Counseling Program.

***Why is this study being done?***

The purpose of my project is to evaluate the effectiveness of services provided at the UH’s new Career Development and Counseling program. I am inviting you to participate in my project because you recently used these services.

***What will happen if I decide to take part in this study?***

The discussion will be guided by about 10 open ended questions. It will take about 45 minutes to an hour. Focus group questions will include questions like, “Was the career counseling office able to offer insight in obtaining work, or further training in your career choice? If so, how so?” “What advice or tips did the career counselor give you that you would not have thought of yourself?”

With your permission, I will audio-record the interview so that I can later transcribe the interview and analyze the responses. I will also video-record the interview so that I can analyze your movements during the interview. (note to researcher - video recording may be approved for non-exempt applications only)

***What are the risks and benefits of taking part in this study?***

I believe there is little risk to you in participating in this research project. You may become stressed or uncomfortable answering any of the questions or discussing topics during the focus group. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop participating at any time.

There will be no direct benefit to you for participating in this focus group. The results of this project may help improve the Career Development and Counseling program.

***Privacy and Confidentiality:*** I will keep all study data secure in a locked filing cabinet in a locked office/encrypted on a password protected computer. Only my University of Hawai'i advisor and I will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai'i Human Studies Program has the right to review research records for this study.

After I write a copy of the interviews, I will erase or destroy the audio-recordings. When I report the results of my research project, I will not use your name. I will not use any other personal identifying information that can identify you. I will use pseudonyms (not your real names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Although we ask everyone in the focus group to respect everyone’s privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said. Avoid sharing personal information that you may not wish to be known.

***Compensation:***

You will receive a $5 gift certificate to either Starbucks or Jamba Juice for your time and effort in participating in this research project.

***Questions:***

If you have any questions about this study, please call or email me at (\*insert phone # & email address\*). You may also contact my advisor, Dr. Henry Higgins, at (\*phone # & email address\*). You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu. to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <http://go.hawaii.edu/jRd> for more information on your rights as a research participant.

If you agree to participate in this project, please sign and date the following signature page and return it to: *(insert here)*

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent**:

I give permission to join the research project entitled, “*Evaluation of Services Provided via the Career Development and Counseling Program.”*

Please initial next to either “Yes” or “No” to the following: (note to researcher - include these options only as appropriate to the study design described on page 1)

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to be audio-recorded for the interview portion of this research.

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to being video-recorded for the interview portion of this research.

**Name of Participant (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**