# Model Consent Language and Formatting

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

* Research participants who are ADULTS (age 18 and older)
* Oral History Projects
* Typed transcripts of recorded interviews corresponding to audio and/or audio-visual files/recordings of those interviews
* Need to archive the transcripts and/or corresponding audio/ audio-visual files/ recordings of those interviews
* Always have two copies of the informed consent for each potential participant. One signed copy is kept by the PI or research team, and the other copy is to be given to the enrolled participant after written consent is given.

## Consent to Participate in Research Project:

John Researcher, Principal Investigator

*Interesting Event Oral History Research Project*

My name is John Researcher. I am an Associate Professor with the Center for Oral History at the University of Hawai’i (UH). I am conducting a project to collect and save recollections of people who experienced the 1951 [name of interesting event]. I am asking for your participation in this project, because you had direct experience with this event.

**Activities and Time Commitment:** If you agree to participate, I will interview you once or twice at a time and place convenient to you. The interview(s) will last about 90 minutes each. I will record the interviews using a digital audio-video recorder. The interviews will be informal and conversational. I want to get your personal recollections of the 1951 [name of interesting event].

After the interviews, a research assistant will type a written record of the interviews. Then my research assistant and I will check and edit the transcript for accuracy. Then, I will send you the transcript so you can make any changes that you would like. I estimate that it will take you from 5 to 6 hours to do this, depending on how many changes you make. We will then incorporate your revisions into the transcript. The final transcript will be typed later for publication. At a future date, bound volumes will be distributed to libraries for use by other oral historians and the general public.

Users will be permitted to use, in unpublished works, short excerpts from any of the transcriptions without obtaining permission as long as proper credit is given to the interviewee (you), interviewer (me), and the UH Center for Oral History. At the completion of the project, I would like to store the digital audio-video files of my interviews with you in the digital archives of the Center for Oral History. The purposes of storing these files are to:

(a) Maintain a “living” audible file of the interviews, as they sounded, and

(b) Permit students, faculty, researchers, and the public to listen to the interviews.

**Voluntary Participation:** Your participation in this project is voluntary. You may withdraw from participation at any time, until the completion date of this project which is expected to be [date]. During the interviews, you can choose to not answer any question(s) at any time for any reason. If you disapprove of, wish to change, add to, delete, or otherwise change the transcripts or the audio file of the interviews, you may do so at any time up to the completion of this project. If you decide that the transcripts and/or audio files should not be archived, we will end the project.

**Benefits and Risks:** There is no direct benefit to you in participating in this research project. Your participation will contribute to the historical record of the [name of interesting event]. We want to create an authentic record and make available it to scholars and the general public as a reliable historical document. To do that, it is important that your actual name appear as the interviewee on the transcript. In addition, the transcripts and audio files of the interviews will include your name and personal recollections. Thus, one potential risk to you is a loss of privacy. Another possible risk is that some topics you discuss during the interviews might bring back painful or unpleasant memories. In such cases, we can take a break, skip that topic, and/or you may choose to stop participating altogether.

**Privacy and Confidentiality:** In order to accurately document this historic event, it is important that your name appear as the interviewee on the transcript. However, you retain the right to change, delete, or add information in the transcripts and audio-video files.

**Questions:** Please contact me, John Researcher, at (808) 555-1234 if you have any questions regarding this project. 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 httyps://www.hawaii.edu/researchcompliance/information-research-participants for more information on your rights as a research participant.

**Agreement to Participate in**

[Name of Interesting Event] Oral History Research Project

*“I certify that I have read and that I understand the information in this consent form, that I have been given satisfactory answers to my questions concerning the project, and that I have been told that I am free to withdraw my consent and to discontinue participation in the project at any time without any negative consequences to me.*

*I herewith give my consent to participate in this project with the understanding that such consent does not waive any of my legal rights.”*

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Printed Name of Interviewee Signature of Interviewee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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

 If you consent to be in this project, please sign the signature section below and return it to \*\*\*.

**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:

\_\_\_\_\_ 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.

\_\_\_\_\_ Yes \_\_\_\_\_ No I give permission to allow the investigator to use my real name to be used for the publication of this research

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

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

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

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