

## North Park University IRB Consent Form (Sample)

**Information for Volunteers:** *The purpose of this consent form is to give you information you will need to help you decide whether to be in this study. Please read the consent form carefully. You may ask questions about the purpose of the research, what we would ask you to do, possible risks and benefits, your rights as a volunteer, and anything else about the research or this consent form that is not clear. When we have answered all of your questions, you can decide if you want to be in the study. This process is called 'informed consent.' We will give you a copy of this form for your records.*

[N.B. The bold faced and colored items are for the researcher's guidance, and should not be included in the consent form.]

Study Title: Mindfulness Training to Increase Student Empathy

Investigator: Jane L. Jones, PhD, RN

We intent to study the effects of mindfulness training (approach to increasing awareness) on college students' empathy, i.e., ability to identify with others/place themselves in another's shoes (**research purpose**). You have been asked to participate in this research study (**identified as research activity**) because, as a university student, you meet the study criteria (**selection of research subjects**). Although this study may not benefit you directly, it will provide us with information on an intervention that may increase overall empathy in other groups of students (**description of benefits**).

This study has been approved by the North Park University Institutional Review Board (**IRB**). If you agree to participate, you will be asked to attend three weekly, one-hour mindfulness training sessions and to practice mindfulness for 15 minutes per day over a three week period on your own. You will also be asked for 1) demographic information before you begin the study, and to complete 2) a study survey on empathy before and after participating in mindfulness training (**explanation of procedures**). Completing questionnaires may cause feelings of discomfort (**potential risks and discomforts**).

Your participation in this study is completely voluntary and you are under no obligation to participate (**alternative option and voluntary consent**). You may withdraw from the study at any time without jeopardizing your status as a student (**option to withdraw**).

All efforts will be made to keep your personal information confidential. Study data will be coded so that all forms will contain your study number, but not your name. Dr. Jones will maintain a list linking the code to your name, which will be stored in a locked file cabinet in her office. The list will be shredded and discarded after 7 years. Data will be analyzed and stored in a password-protected computer in a secure space. Your identity will not be revealed in any presentations or publications stemming from this study or shared with any person other than members of the research team, without your permission (**assurance of anonymity and confidentiality**).

You are free to ask any questions about the study now or at any time in the future. Dr. Jones can be reached by calling 321-244-6666. The chairperson of the North Park University Institutional Review Board (IRB), Kezia Shirkey, PhD can be reached at 773-244-5249. ***(offer to answer questions)***

---

I have read this form and voluntarily agree to participate in this study. I was given an opportunity to have all my questions answered.

_____	_____	_____	_____
Study Subject	Date	Legal Representative, Parent or Guardian <i>(if relevant)</i>	Date

I have explained this study to the above subject and have sought to assure his/her understanding for informed consent.

_____	_____
Investigator	Date

(03.26.14)