Version 09.21.18

**UNIVERSITY OF NEW ENGLAND**

**CONSENT FOR PARTICIPATION**

**IN ANONYMOUS SURVEY RESEARCH**

**Project Title:**      

**Principal Investigator(s):**

**Introduction:**

* Please read this form. The purpose of this form is to give you information about this research study.
* You are encouraged to ask any questions that you may have about this study, now, during or after the project is complete.
* Your participation is voluntary.

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

**Who will be in this study?**

**What will I be asked to do?**

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

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

**What will it cost me?**

**How will my privacy be protected?**

***PLEASE NOTE: THE UNE INSTITUTIONAL REVIEW BOARD MAY REVIEW THE RESEARCH RECORDS.***

**How will my data be kept confidential?**

***PLEASE NOTE: IF YOU HAVE BEEN TOLD THAT THIS SURVEY IS ANONYMOUS, PLEASE DO INCLUDE ANY INFORMATION THAT CAN IDENTIFY YOU.***

**What are my rights as a research participant?**

* Your participation is voluntary. Your decision to participate will have no impact on your current or future relations with the University.
* Your decision to participate will not affect your relationship with      .
* You may skip or refuse to answer any question for any reason.
* If you choose not to participate there is no penalty to you and you will not lose any benefits that you are otherwise entitled to receive.
* You are free to withdraw from this research study at any time, for any reason.
  + If you choose to withdraw from the research there will be no penalty to you and you will not lose any benefits that you are otherwise entitled to receive.
* You will be informed of any significant findings developed during the course of the research that may affect your willingness to participate in the research.
* If you sustain an injury while participating in this study, your participation may be ended.

**What other options do I have?**

* You may choose not to participate.

**Whom may I contact with questions?**

* The researchers conducting this study are 
  + For more information regarding this study, please contact
* If you choose to participate in this research study and believe you may have suffered a research related injury, please contact
* If you have any questions or concerns about your rights as a research subject, you may call Mary Bachman DeSilva, Sc.D., Chair of the UNE Institutional Review Board at (207) 221-4567 or [irb@une.edu](mailto:irb@une.edu).

**Will I receive a copy of this consent form?**

* You print and keep a copy of this consent form.

**I understand the above description of the research and the risks and benefits associated with my participation as a research subject. I understand that by proceeding with this survey I agree to take part in this research and do so voluntarily.**