**\*\*This document may not transfer to a webpage in the same format. Although the format may be different, please ensure that your consent contains all the information listed below** *delete this paragraph***\*\***

**SOJC MTurk Consent for Research Participation**

**Title:** [Title]

**Sponsor:** [Name of Study Sponsor, if sponsored. If no sponsor, delete this line]

**Researcher(s):** [Name], [Institution (e.g., University of Oregon)]

 [Name], [Institution (e.g., University of Oregon)]

**Researcher Contact Info:** [Phone]

 [Email]

You are being asked to participate in a research study. The box below highlights key information about this research for you to consider when making a decision whether or not to participate. Carefully consider this information and the more detailed information provided below the box. Please ask questions about any of the information you do not understand before you decide whether to participate.

|  |
| --- |
| **Key Information for You to Consider** |
| * **Voluntary Consent**. You are being asked to volunteer for a research study. In order to be eligible to participate in this study, you must be **18 years of age or older**. If you have read this information and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.
* **Purpose**. The purpose of this research is [provide a brief description of why the research is being conducted, no more than 2-3 sentences].
* **Duration.** It is expected that your participation will last [expected duration].
* **Procedures and Activities.** You will be asked to [briefly highlight the key research activities/procedures].
* **Risks.** Some of the foreseeable risks or discomforts of your participation include [describe the most important risks. Consider those most probable and/or highest magnitude of harm].
* **Benefits**. Some of the benefits that may be expected include [insert direct benefits, or if no direct benefit to subject state no direct benefit but the researchers hope to learn/gain xyz].
* **Alternatives.** Participation is voluntary and the only alternative is to not participate.
 |

Who is conducting this research?

The researcher(s) [Name] from [Institution Name (e.g., University of Oregon, etc.)] are asking for your consent to this research.

Why is this research being done?

The purpose of the research is [describe purpose of the study in simple terms, if the purpose if fully explained above, delete this section].

What happens if I agree to participate in this research?

If you agree to be in this research, your participation will include [provide explanation of study activities, is all activities are listed above, delete this entire section].

What are the risks if I participate in this research?

The risks or discomforts of participating in this research include [provide risks if not all listed above, if all risks are listed above, delete this entire section].

What are the benefits of participating in this research?

You may or may not benefit from participating in this research. [provide benefits if not all listed above, if all risks are listed above, delete this entire section].

Will I be paid for participating in this research?

You will be awarded [insert compensation amount] for your full participation and can exit the study at any time.

Who can answer my questions about this research?

If there are any questions about the study, please contact [Researcher First and Last name] at [Researcher’s email address]. If you have questions about your rights or wish to speak with someone other than the research team, please contact the University of Oregon Research Compliance Services (RCS) at 541-346-2510 or researchcompliance@uoregon.edu.

**STATEMENT OF CONSENT**

By clicking NEXT, you consent to participate but can exit the study at any time.

If you agree to participate in this study, please type in your MTurk ID here