Informed Consent Form

Complete this form and provide a copy for each participant to sign. A completed and signed copy of this Informed Consent Form must be given to each research participant. A copy must be saved by the researcher.

Researcher
Name
Street Address
City, state, zip code
Home phone
Work phone
Email address

Research Study Title

Type of Study
(Course research paper, DMin thesis)

Description of Study and Participant’s Role
(e.g., Individual/ group interview, discussion, etc. Discussion topic, make-up of research group [e.g., members of congregation], expected nature and duration

Purpose
The purpose of this research is to

Objectives
(List objectives of this research)

Risks
The risk to those who will participate in this project is (low, medium, high). Possible risks include (indicate in detail)

Benefits
Participants may benefit in the following ways:

Readers of the (course research paper, DMin thesis) may benefit in the following ways:
Informed Consent

By my signature, I agree to allow (DMin student’s name) to:
(fill in the specific ways the participant will be a part of this research)

By my signature, I agree to allow (DMin student’s name) to make a record of our conversation(s)

In agreeing to participate in this study, I understand and agree to the following:

1. That (name of researcher) will lead this research project and reflect on my participation in it for the purposes of analysis in her/his Doctor of Ministry program at the Bexley Seabury Seminary Federation, Chicago, Illinois.

2. That (name of researcher) will protect the confidentiality and anonymity of all participants in this study, unless they specifically give permission to him/her to quote them with attribution.

3. That, if I reveal information to or in the presence of other study participants, (name of researcher) is not responsible for any breaches of confidentiality by those other participants.

4. That my participation is voluntary and, at any point during the study, I may revoke my permission and leave the study.

5. That (name of researcher) may end my participation in the study at any time.

6. That I am invited to remain in communication with (name of researcher and phone number) following the study or event(s) therein for her/his reflections upon it, and I may at any time also contact the Director of the Doctor of Ministry Program at the Bexley Seabury Seminary Federation (773-380-6784) with any questions or concerns.

7. That I may receive a copy of the narrative report of the research data and conclusions drawn as a result of this study unless I waive my right below.

_____ I would like to receive the relevant chapter(s) that reports the collected data and analysis, research conclusions, and contributions. The full report may be reviewed in the seminary library or the Doctor of Ministry Office.

_____ I waive my right to view of a copy of the relevant chapter(s) that reports the collected data and analysis, research conclusions, and contributions.

_________________________________________________________________
Printed name of research study participant
Signature of study participant

Date

Signature of researcher

Date

If participant is a minor or otherwise unable to consent:

_____________________________

Printed name of parent/guardian

Signature of parent/guardian

Date

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