

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

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Printed name of research study participant

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Signature of study participant

Date

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Signature of researcher

Date

*If participant is a minor or otherwise unable to consent:*

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Printed name of parent/ guardian

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Signature of parent/ guardian

Date

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