# Instructions for Investigators

Use this type of CONSENT FORM for research projects that involve:

* Focus Group Interviews
* Research participants who are ADULTS (age 18 and older)

Always have two copies of the informed consent for each potential participant. The PI or research team will keep the signed consent form and a copy will be given to the enrolled participant after written consent is given.

Be sure to enter the version number of the consent form in the footer.

**Highlighted sentences are mandatory for all consent forms. Please remove the yellow highlights and red notes before finalizing and submitting your consent form.**

Aloha! You are being asked to participate in a research study conducted by *(insert names and degrees of all investigators)* from the *(insert department affiliation)* at the University of Hawai‘i. *(If student, indicate that results will contribute to senior project, thesis or dissertation).*

***What am I being asked to do?***

If you participate in this project, you will be asked to *(provide a brief description of the intervention here).*

***Taking part in this study is your choice.***

You can choose to take part or you can choose not to take part in this study. You also can change your mind at any time. If you stop being in the study, there will be no penalty or loss to you.

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

The purpose of my project is to *(state what the study is designed to assess or establish)*. I am asking you to participate because *(explain succinctly and simply why the prospective participant is eligible to participate).*

***What will happen if I decide to take part in this study?*** *(revise to fit your study)*

The focus group discussion will be guided by about 10 open ended questions. It will take about 45 minutes to an hour. Focus group questions will include questions like, “Was the career counseling office able to offer insight in obtaining work, or further training in your career choice? If so, how so?” “What advice or tips did the career counselor give you that you would not have thought of yourself?” There will be approximately (#) of participants in the focus group.

With your permission, I will audio-record the focus so that I can later transcribe the interview and analyze the responses. I will also video-record the focus group so that I can analyze your movements during the focus group. (note to researcher - video recording may be approved for non-exempt applications only)

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

I believe there is little risk to you in participating in this research project. You may become stressed or uncomfortable answering any of the questions or discussing topics during the focus group. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop participating at any time.

There will be no direct benefit to you for participating in this focus group. The results of this project may help *(fill in here)*.

***In-Person Research Risk:***

For the safety and protection of yourself, the research team and others, we strongly recommend that you wear a well-fitting mask that covers nose and mouth [(CDC guidance)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html) during each research-related encounter to reduce the spread of common respiratory diseases such as the Rhinovirus (common cold), the Influenza (Flu), Respiratory Syncytial Virus (RSV), and Coronavirus Disease of 2019 (COVID-19). Members of the research team will wear a well-fitting mask that covers nose and mouth at all times.

***Results of Research:***

*(Indicate if any results will be disclosed to participants and if so, under what conditions).*

***Privacy and Confidentiality:*** I will keep all study data secure in a locked filing cabinet in a locked office/encrypted on a password protected computer. Only my University of Hawai‘i advisor and I will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai'i Human Studies Program has the right to review research records for this study.

After I write a copy of the focus group, I will erase or destroy the audio and/ or video-recordings. When I report the results of my research project, I will not use your name. I will not use any other personal identifying information that can identify you. I will use pseudonyms (not your real names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Although we ask everyone in the focus group to respect everyone’s privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said. Avoid sharing personal information that you may not wish to be known.

***Compensation:***

You will receive a $5 gift certificate to either Starbucks or Jamba Juice for your time and effort in participating in this research project.

***Future Research Studies:* *(Insert one of the following statements:)***

Identifiers will be removed from your identifiable private information, and after removal of identifiers, the data may be used for future research studies or distributed to another investigator for future research studies and we will not seek further approval from you for these future studies.

***(OR)***

Even after removing identifiers, the data from this study will not be used or distributed for future research studies.

***Questions:*** If you have any questions about this study, please call or email me at *[insert phone number & email address – do not use personal numbers]*. *(If this is a student project, add:* You may also contact my advisor, *[insert name]*, at *[phone # & email address]*.

You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu to discuss problems, concerns and questions, obtain information, or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <http://go.hawaii.edu/jRd> for more information on your rights as a research participant.

If you agree to participate in this project, please sign and date the following signature page and return it to: *(insert here)*

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent**:

I give permission to join the research project entitled, *(insert title here)*

Please initial next to either “Yes” or “No” to the following: (note to researcher - include these options only as appropriate to the study design described on page 1)

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to be audio-recorded for the focus group.

\_\_\_\_\_ Yes \_\_\_\_\_ No I consent to being video-recorded for the focus group.

**Name of Participant (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**