UCSC Study #: {Cayuse Human Ethics Study number}

Study Title: {Title of the Cayuse Human Ethics Study}

{Name of PI/Co-PI}, who is a {for example student Professor, etc.} at UC Santa Cruz, is conducting a research study to find out more about {Provide participants with a clear and accurate statement of the topic of the research using lay terms, do not repeat the study title}.

If you agree to be in this study, you will participate in a focus group with other study participants. In the focus group you will be asked questions about {insert topic of questions}.

Your participation will take about {XX} minutes.

{If the study involves audio/video-recording, then include the following}

As part of this study, an {audio/video-}recording will be made of the focus group during your participation. In any use of the {audio/video-}recording, you will not be identified by name. {Add detail of any procedures used to protect participant confidentiality, e.g., blurring of faces in videos} Please note below the uses of the recordings to which you are consenting.

{Delete any uses that are **not** appropriate for this study}

1. The {audio/video-}recording {will/can} be used by the investigators in this research study.

2. The {audio/video-}recording {will/can} be {reviewed by/shown to} subjects in other studies.

3. The {audio/video-}recording {will/can} be used for scientific publications.

4. The {audio/video-}recording {will/can} be {reviewed/shown} at meetings of scientists interested in the study of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {fill in specific area of study}.

5. The {audio/video-}recording {will/can} be {reviewed/shown} in classrooms {by/to} students.

6. The {audio/video-}recording {will/can} be {reviewed/shown} in public presentations to non-scientific groups.

7. The {audio/video-}recording {will/can} be used on television and/or radio.

{If participants must agree to audio/video-recording in order to participate, then include the following}

If you do not consent to such use of the recording you should not participate in this study.

{If the study involves payment or if course credit is being offered, include}

You will receive {payment or credit, as applicable} for your participation in the study. {Add details of payment or credit here}

Research records will be kept confidential to the extent allowed by law. {Insert a statement describing the study procedure(s) that will be used to maintain the privacy and confidentiality of the participants including in any audio/video-recordings}.

Even though we will tell all participants in the study that the comments made during the {group interviews/focus group} should be kept confidential, it is possible that participants may repeat comments outside the group.

Participation in research is entirely voluntary and you can withdraw at any time by simply leaving the focus group. You are free to not respond to any questions you do not want to answer. Choosing not to participate or withdrawing will in no way {insert appropriate language: penalize you, affect your grade, affect your status as a student} or result in loss of benefits or services to which you are otherwise entitled.

{If the study involves payment or if course credit is being offered, include}

You will still receive full {payment or credit, as applicable} for the study.

-OR-

You will receive partial {payment or credit, as applicable} for the study. {Add details of pro-rating here}

If you want additional information or have questions or research-related problems, you may reach {fill in name of PI} at {fill in email and/or telephone number of PI}.

{If the study is being conducted online/remotely, include}

By participating in the study you are indicating that you are at least 18 years old, have read this consent form, and agree to participate in this research study.

***Please print a copy of this consent form for your records.***

{If the study is being conducted in person, include.}

By signing below you are indicating that you are at least 18 years old, have read this consent form, and agree to participate in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed/printed Name

***Please sign both consent forms, keeping one for yourself.***