**INFORMED CONSENT FORM**

**A. PURPOSE AND BACKGROUND**

**<Name of researcher>,** a **<master’s, doctoral, etc>** student in the Department of **<department>** at Northwest Nazarene University is conducting a research study related to **<brief statement of research topic>**.

You are being asked to participate in this study because you are a healthy volunteer, over the age of 18.

**B. PROCEDURES (list procedures of research study)**

**Note: following is a list of possible procedures that could be asked of participants in a research study**

If you agree to be in the study, the following will occur:

1. You will be asked to sign an Informed Consent Form, volunteering to participate in the study.
2. You will be asked to complete three surveys online.
3. You will answer a set of interview questions and engage in a discussion on your perception of the level of trust and the factors that affect the trust in the school. This discussion will be audio taped and is expected to last approximately 60 minutes.
4. You will be asked to read a debriefing statement at the conclusion of the interview.
5. You will be asked to reply to an email at the conclusion of the study asking you to confirm the data that was gathered during the research process.

These procedures will be competed at a location mutually decided upon by the participant and principal investigator and will take a total time of about 120 minutes.

**C. RISKS/DISCOMFORTS**

1. Some of the discussion questions may make you uncomfortable or upset, but you are free to decline to answer any questions you do not wish to answer or to stop participation at any time.
2. For this research project, the researchers are requesting demographic information. Due to the make-up of Idaho’s population, the combined answers to these questions may make an individual person identifiable. The researchers will make every effort to protect your confidentiality. However, if you are uncomfortable answering any of these questions, you may leave them blank.
3. Confidentiality: Participation in research may involve a loss of privacy; however, your records will be handled as confidentially as possible. No individual identities will be used in any reports or publications that may result from this study. All data from notes, audio tapes, and disks will be kept in a locked file cabinet, password protected computer or in password protected files. In compliance with the Federalwide Assurance Code, data from this study will be kept for three years, after which all data from the study will be destroyed (45 CFR 46.117).
4. Only the primary researcher and the research supervisor will be privy to data from this study. As researchers, both parties are bound to keep data as secure and confidential as possible.

**D. BENEFITS**

There will be no direct benefit to you from participating in this study. However, the information you provide may help educators to better understand the factors that enhance the school environment to be a place of positive staff relationships.

**E. PAYMENTS**

There are no payments for participating in this study.

**F. QUESTIONS**

If you have questions or concerns about participation in this study, you should first talk with the investigator. **<Name of researcher>** can be contacted via email at **<email address>,** via telephone at **<phone number>**. If for some reason you do not wish to do this you may contact Dr. **<name of supervisor>,** **<position and department>** at Northwest Nazarene University, via email at **<email address>** via telephone at **<phone number>** or by writing 623 S. University Blvd, Nampa, Idaho 83686.

Should you feel distressed due to participation in this, you should contact your own health care provider.

**G. CONSENT**

You will be given a copy of this consent form to keep.

**PARTICIPATION IN RESEARCH IS VOLUNTARY.** You are free to decline to be in this study, or to withdraw from it at any point. Your decision as to whether or not to participate in this study will have no influence on your present or future status as a student at Northwest Nazarene University.

***I give my consent to participate in this study:***

**Signature of Study Participant Date**

***I give my consent for the interview and discussion to be audio taped in this study:***

**Signature of Study Participant Date**

***I give my consent for direct quotes to be used in this study:***

**Signature of Study Participant Date**

**Signature of Person Obtaining Consent Date**

**THE NORTHWEST NAZARENE UNIVERSITY INSTITUTIONAL REVIEW BOARD HAS REVIEWED THIS PROJECT FOR THE PROTECTION OF HUMAN PARTICIPANTS IN RESEARCH.**