VIRGINIA DEPARTMENT OF CORRECTIONS

RESEARCH AND MANAGEMENT SERVICES UNIT
EXTERNAL RESEARCH PROJECTS

VOLUNTARY INFORMED CONSENT TO PARTICIPATE IN RESEARCH

Research Project Name: _____

Conducted by: (Name/Title**)** _____

Affiliation: _____

DESCRIPTION OF STUDY

Purpose: _____

_____

_____

_____

_____

Benefits: _____

_____

_____

_____

_____

Participation Requirements: (What is the participant requested to do; how long should it take?**)** _____

_____

_____

_____

Confidentiality/Anonymity: (How will the participant's identity and responses be protected?**)** _____

_____

_____

_____

Possible Risks to Participant: _____

_____

_____

_____

I have read the above information and have had an opportunity to ask questions about my participation in the study. I understand that my identity in this study will be kept confidential or anonymous. My participation in the study is entirely voluntary. I understand that I am free to discontinue participation in this study at any time without any negative consequences.

☐ I AGREE to participate in this study ☐ I DO NOT WISH to participate in this study

Participant Name (printed)	Participant Signature	Date
Witness Name/Position (printed)	Witness Signature	Date