**

**Consent Form**

**Project Title:** Attire and Confidence

**Principal Investigator(s)/Faculty Advisor:** Hannah Bierlein, Megan Walser, and Alex Harvey/Joseph Weaver

**Purpose of the Study**

You are invited to participate in a research study investigating how your level of confidence can be influenced by the type of clothes you wear. The only requirements for participation are that you are at least 18 years of age and able to give written consent.

**Study Procedures**

As a participant, you will be asked to answer 10 questions about your confidence level in a specific attire. Some questions will ask about how the way you dress makes you feel, and other questions will ask about changing your attire to feel this way. You can skip any questions that make you feel uncomfortable. Your participation should require about 15 minutes. You are also free to withdraw from the research at any time without penalty.

**Possible Risks**

Your participation does not involve any risks other than what you would encounter in your daily life. All responses will remain confidential. If at any time during the research you experience stress or discomfort, you are free to skip a question. You may also withdraw from the study at any time without penalty.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or additional treatment will be made available to the subject except as otherwise stated in this consent form.

**Participant Rights**

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether you wish to continue or stop being in the study. You are free to stop being in the study at any time. Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefits to which you are otherwise entitled.  Specifically, your choice not to be in this study will not negatively affect (insert statement about not losing any present or future medical treatment; class standing; present or future employment).

The participant is free not to answer any questions or respond to experimental situations that he or she chooses without penalty.

**Benefits**

You are not likely to experience any benefits as a result of your participation in this research.  Any course credit assigned for your participation is at the sole discretion of your instructor.

**Confidentiality**

At no time will the researchers release your individual results to anyone without your written consent. Your data will be coded with a number and all results will be reported in the form of group averages. Your name will be kept separate from the data. Your name will not be used in any reports or presentations of the results.

It is possible that the Institutional Review Board (IRB) may view this study’s collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

**Course Credit**

Any course credit assigned for your participation is at the sole discretion of your instructor.

**Questions or Concerns about this Research Study**

If you have any questions or concerns about this research, call the researchers promptly. Hannah Bierlein may be reached at hmbierle@svsu.edu, Megan Walser at mewalser@svsu.edu, and Alex Harvey may be reached at aoharvey@svsu.edu. You may also contact the course instructor, Joe Weaver at jweaver@svsu.edu. You may also contact the Chair, Human Subjects Institutional Review Board (989-964-7488; irbchair@svsu.edu) if questions or problems arise during the course of the study.

**Consent**

**Participant’s Responsibilities**

As a participant, you voluntarily agree to participate in this study.  As a participant, you have the following responsibilities: complete this survey to the best of your ability.

**Participant’s Permission**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

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Participant’s Name (printed) and Signature Date

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Name (printed) and Signature of Person Obtaining Consent Date