# **CONSENT FORM TO PARTICIPATE IN RESEARCH**

This form affirms that I agree to participate in a (Title of Research Project being conducted by (Name of Researcher/s). This research is being carried out for (state class affiliation/sponsoring agency).

**PROJECT TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **I. INFORMED CONSENT**

As the investigator of this project and a representative of the University of Guam, I am committed to respecting the privacy and protection of all research participants. This form provides required information about your participation in the study.

## **II. OBJECTIVE**

State the objective of the study here.

## **III. PROCEDURE(S)**

State the procedures here.

## **IV. RISKS, SAFEGUARDS, AND CONFIDENTIALITY**

- The information you provide will be kept strictly confidential.
- Any significant new findings that may affect your willingness to participate will be shared with you during the study.
- Your responses will be recorded using (name of survey tool, e.g., Google Forms, Survey Monkey, Qualtrics), which stores all inputted text and information.
- Data will be accessible only to the principal investigator, coded, and analyzed.
- Any follow-up questions may be conducted in person or via email.
- Your identity will remain anonymous, and all data will be secured in password-protected files.
- No IP addresses will be linked to surveys.
- Files will be permanently deleted within six (6) months or upon project completion, whichever comes first.
- No part of this study is expected to cause emotional or physical harm. Should a physical injury occur, appropriate care will be provided, but no financial compensation will be given.

## **V. VOLUNTARY NATURE OF STUDY**

Your participation is entirely voluntary. You may withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

## **VI. AVAILABLE SUPPORT SERVICES**

If you experience distress or would like additional support, free counseling services are available through the Guam Behavioral Health and Wellness Center (GBHWC). Services include individual therapy for adults, adolescents, and children, family and couples therapy, group therapy, clinical assessments, and crisis intervention. GBHWC is open Monday through Friday from 8:00 a.m. to 5:00 p.m. For help during a mental health crisis, the 24-hour Crisis Hotline is available at **988**. You may also call **(671) 647-5440**, email **care@gbhwc.guam.gov**, or visit **790 Gov. Carlos G. Camacho Road, Tamuning, GU 96913.**
**VII. QUESTIONS AND CONTACT INFORMATION**

If you have any questions or would like further information about this research, please contact:
Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By agreeing to participate, you consent to the use of your data for academic research purposes. Thank you for your time and contribution to this study.

**SIGNATURE OF INFORMED CONSENT**

I have carefully read and understand the information provided above. I freely consent and voluntarily agree to participate in this study. I also affirm that I am at least 18 years of age.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Updated: 10/2025