

## CONSENT TO PARTICIPATE IN A RESEARCH STUDY

### Georgia Southwestern State University

**TITLE OF STUDY:** Influences on Nursing Career Choices

**INVESTIGATOR INFORMATION:**

Dr. John Doe  
Title and affiliation  
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229-931-YYYY

**IMPORTANT INFORMATION ABOUT THE RESEARCH STUDY:**

The purpose of the study is to learn why students choose careers in Nursing. If I choose to participate, the researchers will ask me several questions about my experiences and career goals. This will take about 15 minutes during my regularly scheduled Human Growth and Development class. I will not benefit from participating in this study. Taking part in this study is voluntary, and I can refuse or stop at any time.

**WHAT IS THE STUDY ABOUT AND WHY IS IT IMPORTANT?**

The purpose of this research is to learn why students choose careers in Nursing. This may help the GSW School of Nursing identify better ways to support their students, which could improve student success. For example, students who completed health care education coursework in high school may need different supports and resources than students with no previous experience in this area.

**WHAT WILL HAPPEN DURING THE STUDY?**

In this study, I will be asked several questions about my experiences and career goals. The questions will ask about topics like previous coursework or job experiences related to health care, personal experiences with the health care system, and career advisement I have received. These questions will be on a paper-and-pencil survey administered in my Human Growth and Development class. It will take me about 15 minutes to answer these questions.

**WHAT ARE THE RISKS?**

Some of the questions on the survey ask about life experiences that might have affected my interest in a Nursing career, such as whether or not I or any close relatives have experienced a serious illness or hospitalization. I may feel some temporary distress at answering those questions. The researchers will give me Information about available counseling resources if I ask for it.

\_\_\_\_\_ Subject Initials

**HOW WILL I BENEFIT FROM PARTICIPATING?**

I will not directly benefit from participating, but my answers may help faculty and staff in the School of Nursing better understand their students’ career choices and design better support services for increasing success.

**ARE THERE OTHER REASONS WHY I SHOULD NOT PARTICIPATE?**

I should not participate in this study if:

- I am under 18 years old.
- I have already participated in this research.
- I am not currently considering a career in the field of Nursing.

**HOW WILL MY INFORMATION BE PROTECTED?**

The researchers will keep my information confidential. The questionnaires contain no identifying information, and the researchers will store all records in file cabinets in locked offices. The researchers may publish data from the study but will not identify me. They will keep my identity confidential unless the law requires that they disclose it. My information may be used in future studies, but with any identifying details removed.

**RIGHT TO REFUSE OR WITHDRAW:**

I can refuse to participate. My refusal will not cause any penalty or loss of rights. Even if I decide to be part of the study now, I may change my mind and stop at any time. I do not have to answer any questions I do not want to answer. I also understand that the researcher can withdraw me at any time. This withdrawal could happen for reasons that have nothing to do with me, such as Dr. Doe ending the study.

If I do not want to participate but do not want anyone else in the group to know that, I will check the box at the end of this form. My decision about whether or not to participate will be kept private and will not affect my relationships in the group. I will not be penalized in any way if I choose not to participate.

**OFFER TO ANSWER QUESTIONS:**

If I have questions, I can call Dr. John Doe at 229-931-YYYY. I can also contact Dr. Sally Jones, Chair of the Institutional Review Board, at 229-931-ZZZZ.

\_\_\_\_\_ Subject Initials

**SIGNATURES:**

I understand my rights as a research subject and I consent to participate. I understand what the study is about, why it is being done, and what my participation will involve. I will receive a copy of this form.

\_\_\_\_\_  
Signature of Research Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

If I do not want my data used, I will check this box. If this box is checked, the answers I provide will be discarded even if I signed the consent form above.