**CONSENT TO PARTICIPATE IN INTERVIEW**

(*Study title)*

You have been asked to participate in a research study conducted by (*your name*) from *(your department)* at the Massachusetts Institute of Technology (M.I.T.). The purpose of the study *(brief statement describing purpose of study) (If student research include the following:* The results of this study will be included in (*your name*) Master’s Thesis)*.* You were selected as a possible participant in this study because *(state reason).* You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

• This interview is voluntary. You have the right not to answer any question, and to stop the interview at any time or for any reason. We/I (*indicate which)* expect that the interview will take about *(estimate time)*.

• *(Describe the risks and benefits of this research)*

• You will / will not (*indicate which)* be compensated for this interview. (*Describe compensation if applicable*)

• Unless you give us permission to use your name, title, and / or quote you in any publications that may result from this research, the information you tell us will be confidential.

• [*Include the following if research includes recording:]*

We/I (*indicate which)* would like to record this interview so that (*we/I)* can use it for reference while proceeding with this study. (*(We/I)* will not record this interview without your permission. If you do grant permission for this conversation to be recorded, you have the right to revoke recording permission and/or end the interview at any time.

You have the right to review the recordings at any time before your completion of this study. When your participation is complete and data analysis has concluded, the research team’s ability to honor your request to review recordings is limited. All such requests will be reviewed on a case-by-case basis. The research team will delete any recordings upon your request if it is feasible and permitted by applicable regulations. [*note: if data is subject to GDPR, there must be a mechanism for subjects to withdraw their data at any time to the extent possible*].

• Data [*include* *if applicable:* including recordings] will be stored in a secure work space for [*include* *how long*].

• [*Include a statement when identifiable and/or de-identified data will be destroyed.][If data will be shared, please refer to form“Consent to Participate in Reesarch” section “Future Data Use” for additional language to include].*

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. In addition, your information may be reviewed by authorized MIT representatives to ensure compliance with MIT policies and procedures.

[GDPR and/or UK Data Protection Act Only: If you plan to collect “personal data” from participants residing in the EEA (EU), UK, please include the following language. For more guidance, please see the COUHES website - General Data Protection Regulation (GDPR) <http://couhes.mit.edu/guidelines/general-data-protection-regulation-gdpr-and-research-activities>]

As part of your participation, we will collect certain personal information about you, including: [list all types of personal information collected]. In addition, we will collect special category data, your personal information that is especially sensitive: [INCLUDE ALL THAT APPLY: racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; processing of genetic data; biometric data; health data; and/or sex life or sexual orientation information;]

The purpose of the data collection is [purpose of research]. The information you provide will only be available to [list organization who has access]. Your data will be secured through the following methods: [information regarding data security, including storage and transfer of data].

This information will be retained for [duration, this may be indefinite]. You have the right to withdraw your data from the study at any time. To do so, contact [investigator contact information]. If you withdraw from the study, no new information will be collected about you or from you by the study team. [Include whether and under what conditions data may be used for future research, either related or unrelated to the purpose of the current study]

Your personal information [“will” or “may”] be transferred to the United States. You understand that the data protection and privacy laws of the United States may not offer you the same level of protection as those in the [country or countries of data’s origin/EEA/UK].

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

(*Please check all that apply*)

[] I give permission for this interview to be recorded.

[] I give permission for the following information to be included in publications resulting from this study:

[] my name [] my title [] direct quotes from this interview

[GDPR and/or UK Data Protection Act Only: include the following statement] By signing this consent form, I acknowledge my understanding and consent to the collection, storage and transfer (if applicable) of my personal information to the United States.]

Name of Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Informed Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_

Please contact *(your name and contact info)* with any questions or concerns.

If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone 1-617-253-6787.

*Form Rev. June 1, 2022*