

CONSENT TO PARTICIPATE IN RESEARCH

Student Practicum: Occupational Work History and Job Characteristics

You are asked to participate in a class exercise conducted by Peter Schnall, MD,MPH and Kanan Patel-Coleman DEnv, MPH, MA from the School of Public Health at the University of California, Los Angeles. The results will contribute to student knowledge in assessing the work environment. You were selected as a possible participant in this study because you are actively employed at this time.

_ PURPOSE OF THE STUDY

This exercise is designed to familiarize students in a Work and Health course with the experience of assessing the characteristics of the work environment, including those that affect physical and psychological well-being.

_ PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

1. Answer orally a series of questions about your current or most recent paid employment. This includes topics such as work hours and scheduling, physical working conditions, problems at work, and so forth. This will take about thirty minutes.
2. Fill out four short questionnaires, three of which ask about your work and the fourth inquires about your general health. These will each take about five minutes to complete.

_ POTENTIAL RISKS AND DISCOMFORTS

We anticipate minimal risk associated with participating in this exercise. You may find some of the questions repetitive or feel uncomfortable with sharing your feelings about certain topics. In this case, you may choose not to answer certain questions or terminate your participation.

Date of Preparation:
UCLA HSPC Number:
Expiration Date:

– POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

You will not receive any direct benefit from participation, other than possible enjoyment. This practicum is intended to provide graduate students with hands-on experience in assessing workplaces and workers exposure to potentially noxious workplace stressors. These students are being prepared to do research and field work in this area that has the goal of improving job conditions and the health of working people.

– PAYMENT FOR PARTICIPATION

No payment will be offered for participation.

– CONFIDENTIALITY

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.

The information gathered will be discussed in the classroom setting. No identifying names or characteristics will be shared. No one outside of the classroom will have access to this information. This exercise is for teaching purposes. There will be no publication of the findings in any form.

– PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

– IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Dr. Kanan Patel-Coleman, UCLA School of Public Health, (310) 206-0926, kcoleman@ucla.edu

– RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the Office for Protection of Research Subjects, 2107 Ueberroth Building, UCLA, Box 951694, Los Angeles, CA 90095-1694, (310) 825-8714.

Date of Preparation:

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Expiration Date:

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

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.

Name of Subject

Name of Legal Representative (if applicable)

Signature of Subject or Legal Representative

Date

SIGNATURE OF INVESTIGATOR (If required by the HSPC.)

In my judgment the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

Signature of Investigator

Date

Date of Preparation:
UCLA HSPC Number:
Expiration Date: