**Informed Consent Form**

Rapid Word Collection Workshop

Language\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Description of the Project:**

You are being asked to take part in a Rapid Word Collection Workshop to develop a dictionary documenting the words of your Native language. The resulting dictionary will be used as a tool for teaching and learning your language. You are being asked to participate in this project because of your knowledge of your language. Please read this form and ask any questions you may have before you agree to participate in the workshop. If you decide to take part, you will be trained for your particular role in the workshop.

**Risks and Benefits of Being in the Project**:

There are no foreseeable risks to you for your participation.

We do not guarantee that you will benefit from taking part in this workshop. While there will be no direct benefit to you, the resulting dictionary may help future generations learn your language.

**Compensation:**

You will be compensated at the rate of \_\_ per day for your participation in the project. You will also receive a copy of the published dictionary.

**Confidentiality**:

The dictionary made by this project will be publicly available on the [Webonary.org](http://webonary.org) website. In addition, you may be identified by name on the website if you choose. Photos and videos taken during the workshop may be used in published articles, including on websites.

**Voluntary Nature of the Study**:

Your decision to take part in the study is voluntary. You are free to choose not to take part in the workshop or to stop taking part at any time without any penalty to you.

**Contacts and Questions:**

If you have questions now, feel free to ask us. If you have questions later, you may contact \_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Consent**:

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

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| Signature of Subject & Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Person Obtaining Consent & Date |