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| **Participant Consent Form - General**   * This is a **general** participant consent form template designed to suit most studies. There are also a series of templates for specific types of research (e.g. oral history, ethnography) on our website. Feel free to choose the one that best suits your project. * This document references the [**National Statement on Ethical Conduct in Human Research**](http://www.nhmrc.gov.au/guidelines/publications/e72) (NHMRC, 2007), referred to as “the National Statement” in brief. It is essential reading when planning and conducting your study. * **This template is a guide only** **and you should adapt it to your project**. You must include all the numbered sections, but within each section there are paragraphs that are mandatory and others that are only relevant to specific types of studies. Youmay need to decide whether a certain paragraph should be included, or choose between alternative wording options.You should **delete** any paragraphs that are not relevant to your study and remove all prompts and instructions from your final document. * In this template:   + The *red italics* are instructions outlining the general nature of the information you need to provide.   + The black text provides standard phrases for you to use.   + The *blue italics* are prompts for required/suggested content. All sections are mandatory, unless marked with *“if applicable to your study”.* * Try to write concisely; long forms can be difficult to read and understand. * The documents should be writtenin **lay language** that is readily understandable for participants. Avoid jargon and technical language. Write to, not about, the participant (i.e. “you will be asked to…” NOT “participants will be asked to”). * **Please proofread documents for spelling, grammatical and formatting errors, clarity and comprehensibility.** * Include the document **version number and date** in the footer of each page, and update them each time revisions are made. If more than one Participant Information Statement/Consent Form is required for your project (e.g. for separate participant groups or a pilot/sub-study), please label the different forms clearly. * **Participants must be provided with a copy of the Participant Information Statement and signed Consent Form, and you must retain a copy for your study records.** * In some cultural contexts/with certain participants **oral consent** may be more appropriate than written consent (as per section 2.2.5 of the National Statement). If this is the case, you should use the Participant Information Statement/Consent Form templates as a guide to create an oral consent script. In your ethics application, you should explain why oral consent is appropriate and how consent will be recorded (e.g. using an audio recording, written in field notes etc). See our [website](http://sydney.edu.au/research_support/ethics/human/guidelines/consent_limits.shtml) for more information. * If Participant Information Statements/Consent Forms in languages other than English are to be used, you need to supply these to the HREC once you have final versions in English that are approved by the HREC. The **translations** must be certified by a person who has no conflict of interest and is not associated with the research project. A signed and witnessed Statutory Declaration is sufficient if the person is not an official translator or a university staff member with appropriate expertise. See our [website](http://sydney.edu.au/research_support/ethics/human/guidelines/translation.shtml) for more information. | | | | |
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|  | | **CHIEF INVESTIGATOR (SUPERVISOR) NAME**  *Chief Investigator (Supervisor) Title*  *[please note: this should not be a student researcher]* | | Room XXX  Building and code  The University of Sydney  NSW 2006 AUSTRALIA  Telephone: +61 2 xxxx xxxx  Facsimile: +61 2 xxxx xxxx  Email: xxxxxxx@sydney.edu.au  Web: <http://www.sydney.edu.au/> |

[*INSERT* TITLE OF STUDY]

**PARTICIPANT CONSENT FORM**

I, ................................................................................... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

* I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
* I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
* The researchers have answered any questions that I had about the study and I am happy with the answers.
* I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney [INSERT, if applicable to your study, any other individuals or institutions relating to your research] now or in the future.
* I understand that I can withdraw from the study at any time.
* [INSERT – if applicable to your study – INTERVIEW PARAGRAPH]: I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don’t wish to answer.
* [INSERT - if applicable to your study - FOCUS GROUP PARAGRAPH]: I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it will not be possible to withdraw my comments once the group has started as it is a group discussion.
* [INSERT – if applicable to your study – ANONYMOUS QUESTIONNAIRE]: I understand that my questionnaire responses cannot be withdrawn once they are submitted, as they are anonymous and therefore the researchers will not be able to tell which one is mine.
* I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
* *[INSERT ONE OF THE FOLLOWING, which should match the paragraph selected in PIS section 9]*

*[OPTION 1]:* I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

*[OPTION 2]:* I understand that the results of this study may be published. Although every effort will be made to protect my identity, I may be identifiable in these publications due to the nature of the study or results.

*[OPTION 3]:* I understand that the results of this study may be published, but these publications will not contain my name or any identifiable information about me unless I consent to being identified using the “Yes” checkbox below.

* Yes, I am happy to be identified.
* No, I don’t want to be identified. Please keep my identity anonymous.

*[OPTION 4]:* I understand that the results of this study may be published, and that I will be identified in these publications.

[The section below is intended for participants to provide consent to specific components of your study. Please note the following:

* Feel free to remove any of the following that are not applicable to your research and add specific consents as required e.g. researchers gaining access to personal records etc.
* In studies that involve interviews with participants who will be identifiable in the results, it is often appropriate to offer participants the opportunity to review interview transcripts or publications for accuracy and completeness. If this is the case, please explain this process in section 3 of the PIS and include the review checkbox below.]

[INSERT – if applicable to your study]:

I consent to:

* **Audio-recording** YES 🞏 NO 🞏
* **Video-recording** YES 🞏 NO 🞏
* **Photographs** YES 🞏 NO 🞏
* **Reviewing transcripts** YES 🞏 NO 🞏
* **Being contacted about future studies** YES 🞏 NO 🞏
* **Receiving feedback about my personal results** YES 🞏 NO 🞏

**Would you like to receive feedback about the overall results of this study?**

**YES** 🞏 **NO** 🞏

If you answered **YES**, please indicate your preferred form of feedback and address:

🞏 Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞏 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

...................................................................

**Signature**

....................................................

**PRINT name**

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**Date**