|  |
| --- |
| This project has been approved by the University of South Australia’s Human Research Ethics Committee. If you have any ethical concerns about the project, or questions about your rights as a participant, please contact the Executive Officer of this Committee, Tel: +61 8 8302 6330; Email: [humanethics@unisa.edu.au](mailto:humanethics@unisa.edu.au) |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1: CONTACT AND PROJECT DETAILS** | | | |
| Researcher’s Full Name |  | | |
| Contact Details |  | | |
| Supervisor’s Name *(students only)* |  | | |
| Contact Details |  | | |
| Project Number |  | | |
| Project Title |  | | |
| **SECTION 2: PARTICIPANT CERTIFICATION** | | | |
| In signing this form, I confirm that:   * I have read the Participant Information Sheet, and the nature and the purpose of the research project has been explained to me. I understand and agree to take part. * I understand the nature of my involvement in the project. * I understand that I may not directly benefit from taking part in the project. * I understand that I can withdraw from the project at any stage and that this will not affect my status now or in the future. * I confirm that I am over 18 years of age. * I understand that while information gained during the project may be published, I will not be identified and my personal results will remain confidential, unless required by law. [If other arrangements have been agreed in relation to identification of research participants, amendment this point to accurately reflect those arrangements.] * I agree to maintain the confidentiality of group discussions and preserve the anonymity of other group participants [DELETE if focus groups / workshops / other group sessions will not be utilised] * I understand that I will be audio recorded / video recorded / photographed during the project. [Omit this point if this will not occur.] * I understand that all data (including any audio / video recordings / photographs \*\**AMEND OR DELETE AS APPLICABLE*\*\*) will be [insert details of how and where the data will be stored, who will have access to it and what limits will be placed on that access.] * I understand the statement in the information sheet concerning payment to me for taking part in the study. [Omit this point if no payment will be made.] | | | |
| *NOTE: Participants under the age of 18 normally require parental consent to be involved in research. If appropriate, the consent form should allow for those under the age of 18 to agree to their involvement and for a parent to give consent.* ***– DELETE THIS COMMENT ONCE THIS HAS BEEN NOTED/INCORPORATED (IF APPLICABLE****)* | | | |
| *Participant’s Signature* | | *Printed Name* | *Date* |
| **SECTION 3: RESEARCHER CERTIFICATION** | | | |
| I have explained the study to the participant and consider that he/she understand what is involved. | | | |
| *Researcher Signature* | | *Printed Name* | *Date* |