### ECU-logoCMYK

Chief Investigator: *Name*

*School / Institute*

Edith Cowan University

270 Joondalup Drive

JOONDALUP WA 6027

Phone: 6304 xxxx

Email: xx@ecu.edu.au

**Participant Consent Form**

**Project title:** xx

**Approval Number:** xx

**Principal Investigator:** (*if a student project please include student and supervisor names*)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the Participant Information Letter *or someone has read it to me in a language that I understand*. By signing this consent form, I acknowledge that I:

* have been provided with a copy of the Participant Information Letter, explaining the research study
* have read and understood the information provided
* have been given the opportunity to ask questions and have had questions answered to my satisfaction
* can contact the research team if I have any additional questions
* understand that participation in the research project will involve:
  + *list all procedures that the participants are requested to participate in (as outlined in the Information Letter for Participants)*
* understand that the information provided will be kept confidential, and that my identity will not be disclosed without consent
* understand that I am free to withdraw from further participation at any time, without explanation or penalty
* freely agree to participate in the project

*Delete or include the following as required*

* *The data and/or samples collected for the purposes of this research project may be used in further approved research projects provided my name and any other identifying information is removed.*
* *The data and/or samples collected for the purposes of this research project may not be used in further approved research projects without my consent.*
* *The data and/or samples collected may be used only for the purposes of this research project.*

*I agree to have my conversations audiotaped*

|  |  |  |  |
| --- | --- | --- | --- |
| *Yes* |  | *No* |  |

*I agree to be photographed or videotaped*

|  |  |  |  |
| --- | --- | --- | --- |
| *Yes* |  | *No* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant name: |  | | |
| Signature: |  | Date |  |

***NOTE:***

*If children and/or young people are the potential participants in research, the Consent Form should be structured and worded so that it seeks consent from the parents and/or guardians for the participation of the child or young person in the research project.*

Approval to conduct this research has been provided by the Edith Cowan University’s Human Research Ethics Committee, approval number xxx, in accordance with its ethics review and approval procedures.