### 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 Information Letter**

* ***INSTRUCTIONS***
* ***Black text should remain in your letter, and changed to reflect the project only if it contradicts the new blue text***
* ***Blue, non-italicised text should reflect what is appropriate for this project***
* ***Blue italicised text is guidance and should be removed before saving***
* ***Please ensure all text is black, all paragraph spacing is consistent and this information text is removed before attaching to your application***

**Project title:** xx

**Approval Number:** xx

**Chief Investigator:**

*(If a student project, supervisor name needs to be listed as chief investigator, student name included as student investigator*)

**An invitation to participate in research**

You are invited to participate in a project titled xxx which seeks to xxx. You are being asked to take part in this project because xxxx (*give a reason why the prospective participant is receiving this invitation)*.

*If you are completing this research as part of the requirements of a degree, then please include the following statement:*

*This research project is being undertaken as part of the requirements of a PhD at Edith Cowan University.*

Please read this information carefully. Ask questions about anything that you do not understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative or friend.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

* Understand what you have read;
* Consent to take part in the research project;
* Consent to be involved in the research described;
* Consent to the use of your personal information as described.

**What is this project about?**

This project aims to xxx. *In lay terms, explain what this project is trying to achieve and how it may contribute to improving future knowledge, practice or the health of people with specific conditions or wellbeing in general.* This project has been funded by xxx *include Project Number where appropriate.*

**What does my participation involve?**

Your participation in this research project will involve xxx.

*List all activities, their length and frequency each participant will be asked to complete.*

*Include the type of data collection (complete a survey, participate in a focus group) they will be involved in and how long it will take*

*Describe the intervention the person will be asked to participate in (if appropriate).*

*Discuss any reimbursement due to the participant (if applicable)*

*Set out if there will be any audiovisual recording that the participants need to be aware of.*

**Do I have to take part in this research project?**

Your participation in this research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any time. *Please add additional information here about when a participant can withdraw participation and at what point this withdrawal may no longer be possible (i.e.: after publication of data). For studies which involve only a small number of participants, you may wish to note that withdrawal from the study is not possible after data have been collected.*

If you do decide to take part, you will be given this Participant Information Letter and Consent form to sign and you will be given a copy of the information letter to keep. Your decision to take part, or to take part and later withdraw, will not affect your relationship with the research team and *insert relevant organisation/people here that may be involved in the study (e.g.: your doctor, your hospital, your child’s school, your employer).*

**Your privacy**

By signing the consent form, you consent to the research team collecting and using personal information about you or information about your health for the research project. Any information obtained in connection with this research project that can identify you will remain confidential. *Explain how it will be confidential and if identifiable, where will the information be kept and who will have access to it. If the information is to be de-identified, you will need to explain how this is done, and who has access to the identifiable data. For example, if the hospital has the original health records, they will de-identify the sample and provide the researcher with the sample identified by a hospital code. Only the hospital and treating clinician have the personal details of the participant but may provide the researchers with clinical information about the participant identified only by a code.* Your information will only be used for the purpose of this research project *(or advise if it will be used for similar, future research, which is recommended, or for student research purposes)* and it will only be disclosed with your permission, except as required by law.

*Please include the following statement if your* *research project is funded* *through a grant and the funder wants to access the data at the completion of the project*:

This research is funded by xxx. Although xxx are interested in the findings of this research, this is an independent research project and individual responses will not be disclosed. However, on the completion of this research, the non-identifiable aggregated data will be provided to xxx for xxx (*insert relevant purpose* *e.g.: QA/Regulatory/Statutory/Continuous improvement purposes)*.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except where requested for specific reasons, and then you will be asked to provide written consent.

In accordance with relevant Australian and/or Western Australian privacy and other relevant laws, you have the right to request access to the information about you that is collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please inform the research team member named at the end of this letter if you would like to access your information.

All data collected will be kept in accordance with ECU’s Data Management Policy. Electronic data will be stored on a secure Microsoft SharePoint site provisioned by ECU’s IT Services and physical records will be stored as required in ECU’s Records Management Policy. The data will be retained for *(see WAUSDA guidelines for time required for your project depending on the data collected)* and destroyed, if appropriate at the end of the retention period. Data will be *(state whether they will be identifiable, de-identified)* when stored and at the end of the retention period, the data will be destroyed, if appropriate under the State Records Act.

**Possible Benefits**

We cannot guarantee or promise that you will receive any benefits from this research, however possible benefits may include xxx *(take care to not overstate any benefits)*.

*OR*

This research may not provide benefit to you personally but may provide benefits for people with XXX in the future.

**Possible Risks and Risk Management Plan**

*Clearly outline any known risks as identified in your risk assessment and what strategies you have in place to prevent and/or manage these risks.*

*OR*

There are no known risks to participating in this research project.

*If there is a need to refer participants to support services due to their participation in this research project, you need to outline what the risks are, how they can withdraw and who they should seek support from. Only include this paragraph when appropriate:*

You may feel that some of the questions we ask are stressful or upsetting. If you do not wish to answer a question, you may skip it and go to the next question, or you may stop immediately. If you become upset or worried as a result of your participation in the research project please seek the advice of your GP or relevant health professional. You may also wish to contact (*provide details of relevant and free health support services*).

*Where participants may need to access medical services due to their involvement in this research project, include the following information:*

For information relating to the University's research participant insurance coverage, please go to: <https://intranet.ecu.edu.au/staff/centres/strategic-and-governance-services/our-services/risk-and-assurance/insurance/practicum-work-experience-or-volunteer-activities>

**What happens when this research study stops?**

We will advise you of the outcomes via *(state intended communication plan to participants)*. We also intend to publish our results in research journals and present them at research conferences locally, nationally and internationally. Your name or any other identifying information will not be included in any of the publications or presentations.

**Has this research been approved?**

This research project has received the approval of Edith Cowan University’s Human Research Ethics Committee, in accordance with the National Health and Medical Research Council’s *National Statement on Ethical Conduct in Human Research (2023)*. The approval number is xxxx. (*REMS number e.g. 2020-xxxxx-SURNAME*)

**Contacts**

If you would like to discuss any aspect of this project, please contact the following people.

|  |  |
| --- | --- |
| **Chief Investigator** | **Student Investigator (if applicable**) |
| Name | Name |
| Role | Role |
| Edith Cowan University | Edith Cowan University |
| P: 6304 xxxx | P: 6304 xxxx |
| F: 6304 xxxx | F: 6304 xxxx |
| E: xx@ecu.edu.au | E: xx@ecu.edu.au |

If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact:

|  |
| --- |
| **Independent Person** |
| Research Ethics Advisor |
| Edith Cowan University |
| P: 6304 2423 |
| E: research.ethics@ecu.edu.au |

If you wish to participate in this research, please *sign the Consent Form and return to [email address]*

Sincerely,

Name

Chief Investigator

***NOTE - If children and/or young people are the potential participants in research, information should be provided for them in language they can understand as well as providing a separate Information Letter suitable for their parents/guardian.***