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| QUT Logo**QUT Research Project: Consent Form for Interviews – Guardian/Carer/Parent** |

**Title of Research Project**

Evolution of Disability Arts in Australia

**QUT Ethics Approval Number 2021000382**

**     **

**About the Research Team**

The lead chief investigators below and meet more of our research team in the information sheet.

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| --- | --- |
| Profile picture of Bree HadleyProf Bree HadleyChief InvestigatorQUTbree.hadley@qut.edu.auA profile picture of Katie EllisProf Kathleen EllisChief InvestigatorCurtin Universitykatie.ellis@curtin.edu.auProfile picture of Michael WhelanA/Prof Michael WhelanChief InvestigatorQUTm.whelan@qut.edu.au | A profile picture of Eddie PatersonA/Prof Edward Paterson Chief InvestigatorThe University of Melbourneeddiep@unimelb.edu.auA profile picture of Janice RiegerA/Prof Janice RiegerChief InvestigatorQUTj.rieger@qut.edu.au |

This consent form will be a record of your agreement to take part in this research

Please read the **Participant Information Sheet** for this research **before** signing this consent form.

It is alright to wait until the interview before you sign the consent form if you prefer.

We will also talk about the Participant Information Sheet and Consent Form when we meet at the Interview.

**Any questions?**

If you have any questions about the research, or questions about what you need to do, then:



* Do not complete this form yet.



* Send Bree an email on bree.hadley@qut.edu.au and we can arrange a time to answer your question.

**Statement of consent**

* Have you read the Participant Information Sheet this research?

Yes / No

* Have your questions about the research been answered to your satisfaction?

Yes / No

* Do you understand that you can ask more questions at any time?

Yes / No

* Do you understand that you can stop taking part in the research at any time?

Yes / No

* Do you understand that if you are worried about the ethics of this research, you can ring the QUT Research Ethics Adivsory Team on 07 3138 5123, or send them an email at humanethics@qut.edu.au.

Yes / No

* Do you understand that the interviews will be video recorded?

Yes / No

* Do you agree to the person you are carer/guardian/parent to take part in this research

Yes / No

**Carer/Guardian/parent only sign this form:**

* if you are sure you understand what you will be asked to do,
* if you are sure you understand what it means for you and other people if you take part.
* if you have answered yes to all the questions above.
* And if you have decided you would like to take part in the research.

|  |  |
| --- | --- |
| **A B C D …****Print your full name here:** |  |
| **Signature Icon****Signature****Sign here:** |  |
| **Date:** |  |

You can sign the form, or, if you prefer, I can video record you telling me you want to take part, either verbally in words, or in sign language.

**Please return the signed consent form to the researcher.**

**Please go to page 5 for the participant consent.**

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* Do not complete this form yet.



* Send Bree an email on bree.hadley@qut.edu.au and we can arrange a time to answer your question.

**Statement of consent**

* Have you read the Participant Information Sheet this research?

Yes / No

* Do you understand what you will be asked to do in this research?

Yes / No

* Have your questions about the research been answered to your satisfaction?

Yes / No

* Do you understand that you can ask more questions at any time?

Yes / No

* Do you understand that you can stop taking part in the research at any time?

Yes / No

* If you decide to stop taking part in the research do you give permission for us to still use information that you have already given us in the research?

Yes / No

* Do you understand that if you are worried about the ethics of this research, you can ring the QUT Research Ethics Adivsory Team on 07 3138 5123, or send them an email at humanethics@qut.edu.au.

Yes / No

* Do you understand that the interviews will be video recorded?

Yes / No

* Do you agree to take part in this research

Yes / No

* Do you want us to acknowledge that you took part in this research?

Yes / No

**Participant only sign this form:**

Your guardian or carer has given their permission for you to participate in this research.

This form is asking you to give your consent to participate in this research.

* if you are sure you understand what you will be asked to do,
* if you are sure you understand what it means for you and other people if you take part.
* if you have answered yes to all the questions above.
* And if you have decided you would like to take part in the research.

|  |  |
| --- | --- |
| **A B C D …****Print your full name here:** |  |
| **Signature Icon****Signature****Sign here:** |  |
| **Date:** |  |

You can sign the form, or, if you prefer, I can video record you telling me you want to take part, either verbally in words, or in sign language.

**Please return the signed consent form to the researcher.**

**Please go to page 1 for the parent/guardian/parent consent.**