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| QUT Logo | **CONSENT FORM FOR QUT RESEARCH PROJECT****– Interview – Guardian/Carer/Parent –** |
| **Evolution of Disability Arts in Australia****QUT Ethics Approval Number 2021000382** |

**Research team**

|  |  |  |
| --- | --- | --- |
| **Name** | **Email** | **Current Organisation**  |
| Prof Bree Hadley  | bree.hadley@qut.edu.au | Queensland University of Technology |
| A/Prof Edward Paterson | eddiep@unimelb.edu.au | The University of Melbourne |
| Prof Kathleen Ellis | katie.ellis@curtin.edu.au | Curtin University |
| A/Prof Janice Rieger | j.rieger@qut.edu.au | Queensland University of Technology |
| A/Prof Michael Whelan | m.whelan@qut.edu.au | Queensland University of Technology |

**Statement of parent/guardian consent**

**By signing below, you are indicating that you:**

* Have read and understood the information document regarding this research project.
* Have had any questions answered to your satisfaction.
* Understand that if you have any additional questions you can contact the research team.
* Understand that you are free to withdraw without comment or penalty.
* Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
* Understand that the research project will include a video recording.
* Agree to the person you are carer/guardian/parent for to participate in the research project.

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| --- | --- |
| **Name of guardian/ carer** |  |
| **Signature of /guardian/ carer** |  |
| **Date** |  |

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

**Please turn over for the participant consent.**

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| QUT Logo | **CONSENT FORM FOR QUT RESEARCH PROJECT****– Interview–Participant –** |
| **Evolution of Disability Arts in Australia****QUT Ethics Approval Number 2021000382** |

**Research team**

|  |  |  |
| --- | --- | --- |
| **Name** | **Email** | **Current Organisation**  |
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| A/Prof Michael Whelan | m.whelan@qut.edu.au | Queensland University of Technology |

**Statement of participant consent**

**Your guardian or carer has given their permission for you to be involved in this research project. This form is to seek your consent to participate in the research.**

**By signing below, you are indicating that you:**

* Have read and understood the information about this research project.
* Have discussed the research project with your guardian/carer.
* Have had any questions answered to your satisfaction.
* Understand that if you have any additional questions you can contact the research team.
* Understand that you are free to withdraw without comment or penalty.
* Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
* Understand that the research project will include a video recording.
* Agree to participate in the research project.

|  |  |
| --- | --- |
| **Name of participant** |  |
| **Signature of participant** |  |
| **Date** |  |

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

**Please turn over for the parent/guardian/parent consent.**