

**Evolution of Disability Arts in Australia**

**QUT Ethics Approval Number 2021000382**

**Research team**

<b>Name</b>	<b>Email</b>	<b>Current Organisation</b>
Prof Bree Hadley	bree.hadley@qut.edu.au	Queensland University of Technology
A/Prof Edward Paterson	eddiep@unimelb.edu.au	The University of Melbourne
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**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](mailto: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.

**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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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](mailto: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.**