Participant information for QUT research project

– Co-design Workshop Consent Form Carer Guardian –

Title of Research Project

**Evolution of Disability Arts in Australia**

QUT Ethics Approval Number 2021000382

**Statement of parent/guardian consent**

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

**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, audio recording and photographs.
* Understand that there is a video to watch prior to the co-design workshop.
* Agree to the person you are carer/guardian/parent for to participate in the research project.

**A B C D …**

**Print your full name here:**

 **guardian/ carer name:**

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**Sign here**

**guardian/ carer Signature:**

 **Date:**

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

**Please go to page 2 for the participant consent.**

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– Co-design Workshop Consent Form Carer Guardian –

Title of Research Project

**Evolution of Disability Arts in Australia**

QUT Ethics Approval Number 2021000382

**Statement of participant consent**

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

**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, audio recording and photographs.
* Agree to participate in the research project.

**A B C D …**

**Print your full name here:**

****

 **Sign here:**

 **Date:**

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

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

**The Research Team**

**The lead chief investigators are below:**

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