# Parent/Guardian Information and Consent Form for an anonymous Questionnaire

|  |  |
| --- | --- |
| Short **name of project** | <Short, plain language project title>  |
| Full name of project | <Full name of project. Delete if not needed> |
| Principal investigator | <Title, name, position> |
| Project number | <[RGS](https://au.forms.ethicalreviewmanager.com/Account/Login) Number> |
| Site Name | <Name of site>  |



### What am I being invited to do?

We are inviting you to take part in a study that <key research topic/question>. You have been invited to take part because <reason>.

Around <number of people> will take part in this project. They will be from <hospitals/sites around Australia>.

This study is sponsored by <name of site> and is receiving funding from <institution/funding body/grant details>.



### What is the purpose of this study?

In this project, we will <short description of what the project is about>.



### What do I have to do if I take part?

Participation involves completing an <online> questionnaire on behalf of your child, which asks questions about your child’s <short description>. The questionnaire will be completed on <REDCap> and will take about <number of minutes/hours> of your time. You and your child will be anonymous.



### Do I have to take part and can I change my mind?

Participation in any research project is voluntary. Even if you begin the questionnaire, you are free to withdraw by simply not completing it. However, once you complete the questionnaire and submit it back to us, you won’t be able to withdraw it because we will have no way of knowing which one is yours.



### What are the benefits of taking part?

There is no direct benefit to you or your child in participating. However, by taking part, you will help the researchers understand more about <project topic>. This knowledge may help children likes yours in the future.



### What are the risks and discomforts of taking part?

We don’t anticipate any risk to you in participating. <However, if you find that the questions asked in this questionnaire brings up difficult feelings/ you are becoming distressed, we recommend that you seek support from a counsellor / your medical practitioner / online support group such as XX *(provide details)*>



### How will my child’s information be used for this study?

Completed questionnaires will be stored securely on a password protected computer located at <location> and only the researchers will have access to this information during the project.

Once the study is completed, the data collected from you will be stored securely for a period of at least 7 years <or until the youngest participant turns 25 years, whichever is later> *(for children under 18 years)* at <location>.

It is anticipated that the results of this research project will be published and presented in a variety of forums. In any publication or presentation, information will be provided in such a way that you and your child cannot be identified.

**Sharing your information with others**

*Delete this subheading and following text if it is not relevant to your project.*

We may reuse the data collected from the completed questionnaires for other studies or share the data from the completed questionnaires with collaborators within Australia or overseas. **Any data that we send overseas may not be protected by Australian laws and regulations.** However, we are not collecting identifiable information and so you will remain anonymous. By indicating your consent below, you are giving us permission to do this.

Once we have analysed the data from the questionnaires for this study, we will put on our <web site / display a flyer in the clinic / display on XX ward> a summary of our findings / <provide a summary of the findings at the following link>. You can expect to receive this feedback in <timeframe>.



### Who has reviewed and approved this study?

The Child & Adolescent Health Service HREC has approved this study. This is an independent committee that makes sure that this project meets Australian ethical standards for research that involves people.

**Comments or complaints about how this study is being run:**

If you have any comments or complaints about this project, please contact the following:

**Reviewing HREC approving this research**:

|  |  |
| --- | --- |
| Reviewing HREC name | Child & Adolescent Health Service (CAHS) |
| Position | HREC Chair |
| Telephone | (08) 6456 8639 |
| Email | CAHS.Ethics@health.wa.gov.au |

**Site contact:** *Include the information provided below for site-specific PICFs. For Master PICFs, leave placeholders in the table below*

|  |  |
| --- | --- |
| Name | CAHS Research Ethics & Governance Office |
| Position | Manager |
| Telephone | (08) 6456 8639 |
| Email | CAHS.RGO@health.wa.gov.au |



### Where can I find more information?

Thank you for taking the time to read this information about our project. You can contact a member of the project team at any time to ask questions.

<Name > <Role> <Contact details, phone number preferred>

You can find out more information about the project by <visiting our website/scanning the QR code below/asking us> for:

* *List supplementary information here, using links if electronic*

*See User Guide for more guidance on providing supplementary information.*

# Consent Statement

|  |  |
| --- | --- |
| Short **Name of Project** | <Short name of project>  |
| Full Name of Project | <Full name of project> |
| Principal Investigator | <Principal Investigator> |
| Project number | <RGS number> |

|  |
| --- |
| **Consent to take part in this project:**  |
| * I have read the Participant Information Sheet and understand what I am asked to do.
* I understand that participation involves completion of an online questionnaire.
* I freely agree to participate in this research project as described and understand that I am free to withdraw at any time up until submission of the completed questionnaire.
* I understand that the information I provided will be anonymous.
 |
| **Click here to agree and proceed to the questionnaire** | £ |