# Participant Information and Consent Form for an Interview

|  |  |
| --- | --- |
| 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> |

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### 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>.

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### 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 an <individual/face to face/> interview about <your views on/your experience in/asking questions about> <short description for what the interview is about>.

The interview will take about <number of minutes/hours> of your time and will be audio-recorded using a <dictophone/ iPhone / MS Teams>.

The interview will take place <via Teams/in meeting room/at XXX /at a mutually convenient private location.

*Indicate any follow up requirements (follow-up interview/checking quotes/checking transcript). When this will occur and how long this will take.*



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

Participation in any research project is voluntary. You can say no. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not your relationship with the Child and Adolescent Health Services.

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### What are the benefits of taking part?

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

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### 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 interview 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)*>

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### How will my information be used for this study?

Data collected during the interview 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>.

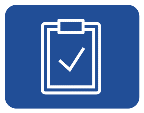
It is anticipated that the results of this research project will be published and presented in a variety of forums. In any publication or presentation, information will be provided in such a way that you cannot be identified, except with your permission.

**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 interviews for other studies or share the data with collaborators within Australia or overseas. **Any data that we send overseas may not be protected by Australian laws and regulations.** However, we will ensure no identifiable information will be transferred. By indicating your consent below, you are giving us permission to do this.

Once we have analysed the data for this study, we will email you a summary of our findings. 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](mailto: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](mailto:CAHS.RGO@health.wa.gov.au) |

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### 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 Form

|  |  |
| --- | --- |
| 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:** | | |
| By signing this consent form, I acknowledge that:   * I freely agree to take part in this project. * I understand that I can stop taking part in the project at any time. * I have read, or have had read to me, the information provided about this project and understand what is involved. * I have had the opportunity to consider the information, ask questions and am satisfied with the answers I received. | | |
| **Future Research**  *Delete section if not relevant. If you use optional consents, you must also explain them in the body of the consent form.* | **Yes** | **No** |
| <Optional consent: contact about future projects> | £ | £ |
| <Optional consent: use of data for future projects> | £ | £ |

**Person taking part in the project:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person conducting the informed consent discussion:**

I have explained the research project, its procedures and risks to the potential participant and I believe they have understood that explanation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Each person must sign and personally date this consent form)