

Considering participating in our research study?

Here's what you need to know...

WHAT IS THE STUDY ABOUT?

[INSERT – lay description of your study].

[INSERT – Clearly state the aim or aims of the research in plain language, without scientific jargon or acronyms].

WHAT DO
I NEED TO DO?

You will:

- Describe what the participants will be asked to do, for example, complete a survey questionnaire, undertake an interview, participate in a focus group,...
- Add descriptions in bullet points to help users navigate more easily.

Workshop information:

- Duration: [INSERT – approx time e.g., 60 mins]
- Location: [INSERT – location]
- Reimbursement: [INSERT – if any or DELETE]

DO I HAVE TO TAKE PART?

NO, joining this study is entirely your choice.

Before deciding, please:

- **Read** the information carefully.
- **Ask us** any questions you have.
- **Consider** discussing it with a family member or friend if you're unsure.

Choosing not to participate, or joining and later withdrawing, won't affect your relationship with La Trobe University or any individuals or organisations involved in this project.

WHAT ARE THE BENEFITS?

By joining, you will [INSERT – benefits to participants. Benefits must be realistic and not overstated]. The expected benefits to society in general are [INSERT – benefits to society].

WHAT ARE THE RISKS?

[INSERT – Mention all the possible risks that might be experienced in course of the research and address how they will be minimised, mitigated, or managed throughout the research].

WILL I HEAR ABOUT THE RESULTS OF THE STUDY?

We will let you know about the results of the study by [INSERT – how you give them the results & if results will be individual and/or group results].

WHAT WILL HAPPEN TO THE INFORMATION I GIVE?

Collecting Your Information

[INSERT – Identify how and what kinds of the data will be collected].

Respecting Your Privacy

[INSERT – Indicate where the data will be stored and how security of personal information will be maintained during collection, analysis and writing up of results. This should be succinct but enough detail for participants to understand].

How We Keep Your Information

[INSERT – Participants should also be informed where the data will be stored once the project is complete. Normally this will be at the host institution that accepts responsibility for the research for a period of five years. Identify what will happen to the data at the end of the storage period].

You can stop being part of the study anytime, to do so please:

- Call us, or
- Email us, or
- Fill out the 'Withdrawal of Consent Form'

! If you leave the study, we'll stop collecting your information. We'll also remove anything that identifies you from the study. If the data is analysed, we can remove personal details. If unused, you can choose to keep or remove it, except in group activities where individual contributions are unidentifiable.

WHAT IF I CHANGE MY MIND?



WHO CAN I CONTACT FOR QUESTIONS OR WANT MORE INFORMATION?

If you would like to speak to us, please use the contact details below:

[INSERT – name]

[INSERT – Position Title]

[INSERT – Organization]

[INSERT – work email]

[INSERT – work number]

WHAT IF I HAVE A COMPLAINT?

In this case, please contact:

[INSERT – Ethics Number]

Senior Research Ethics Officer
La Trobe University

humanethics@latrobe.edu.au
+61 3 9479 1443

Information about the Research Team

The research is being carried out by the following researchers:

Role	Name	Organisation
[INSERT – role e.g., CI, etc.]	[INSERT – First Name + Last Name]	[INSERT – school/department/organisation]
Research funder	<p>[INSERT/DELETE – projects with funding] This research has received [INSERT – list funding amount and source].</p> <p>[INSERT/DELETE – projects WITHOUT funding] This research receives in kind support from La Trobe University.</p>	

Consent Form

Declaration by Participant

Yes

Full Name _____

Email Address _____

- **Understanding the Study** – I have read or been told about this study. I understand it and my questions have been answered.
- **Joining the Study** – I agree to take part in the study. I know I can stop being part of the study at any time by letting the research team know.
- **Use of Information** – I agree that the information I have allowed to be collected can be used in, for example, presentations or articles, but my name will not be shared.
- **Use of Photo** – If I have agreed to the use of my photo, the team will try to contact me before using it to check that I'm still okay with it.

I would like my information collected for this research study to be:

- Only used for this specific study.
- Used for future related studies.
- Used for any future studies.
- I agree for the research activity to be audio recorded.
- I agree to the use of any photographs to share the research findings.
- Please send me the results of the study by email or post.

Print address:

.....

I provide consent via

- signing
- audio recording
- email correspondence
- Other

Print name

Signature

Date

Declaration by Researcher

- I have given a verbal explanation of the study, what it involves, and the risks and I believe the participant has understood.

Print name

Signature

Date

Withdrawal of Consent

If you change your mind

 No

- I wish to withdraw my consent to participate in this study.
- I understand withdrawal will not affect my relationship with La Trobe University or any other organisation or professionals listed in the Participant Information Statement.
- I understand that the researchers cannot withdraw my information once it has been analysed or collected as part of a workshop.

I understand my information will be withdrawn as outlined below:

- Any identifiable information about me will be withdrawn from the study.
- The researchers will remove my contact details so I cannot be contacted for future studies, unless I have given separate consent for my details to be kept in a participant registry.
- The researchers cannot withdraw my information once it has been analysed or collected as part of a workshop.

I would like my already collected and unanalysed data

- Destroyed and not used for any analysis
- Used for analysis

Print name

Signature

Date

Please forward this form to:

[INSERT – CI Name]

Email: [INSERT – work email address]

Phone: [INSERT – work phone]

Postal Address: [INSERT – work postal address]