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| **[INSERT/DELETE - projects without students]**The research is being carried out by the following researchers:**[INSERT/DELETE - student wording]**The research is being carried out in partial fulfilment of [INSERT - course name e.g., Honours, Masters, Phd] under the supervision of [INSERT - supervisor's full name]. The following researchers will be conducting the study: |
| **Role** | **Name** | **Organisation** |
| [INSERT - role e.g., CI/Student etc.] | [INSERT - First Name + Last Name] | [INSERT - organisation] |
| **Research funder** | **[INSERT/DELETE - projects with funding]**This research is being funded by [INSERT - list of name/s of funding organisations].**[INSERT/DELETE - projects WITHOUT funding]**This research is supported by in kind support by La Trobe University. |

1. **What is the study about?**

You are invited to participate in a study of [INSERT - lay description of your study]. We hope to learn [INSERT - aims of the study].

**[INSERT/DELETE - how contact details were obtained]**

Your contact details were obtained from [INSERT - how contact details were obtained].

1. **Do I have to participate?**

Being part of this study is voluntary. If you want to be part of the study we ask that you read the information below carefully.

You can read the information below and decide at the end if you do not want to participate. If you decide not to participate this won’t affect your relationship with La Trobe University or any other listed organisation.

1. **Who is being asked to participate?**

You have been asked to participate because:

* [INSERT - reason for invitation/ inclusion & exclusion criteria].
1. **What will I be asked to do?**

If you want to take part in this study, we will ask you to [INSERT - description e.g., questionnaires / interviews / study procedures]. It will take [INSERT - approx time e.g., 60 mins] of your time to be part of this study.

1. **What are the benefits?**

The benefit of you taking part in this study is that [INSERT - benefits to participants \*\*Benefits must be realistic and not overstated. If there are no benefits, please explain this]. The expected benefits to society in general are [INSERT - benefits to society].

1. **What are the risks?**

With any study there are (1) risks we know about, (2) risks we don’t know about, and (3) risks we don’t expect. If you experience something that you aren’t sure about, please contact us immediately so we can discuss the best way to manage your concerns.

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| --- | --- | --- | --- |
| **Name/Organisation** | **Position** | **Telephone** | **Email** |
| [INSERT - name/organisation] | [INSERT - Position Title] | [INSERT - work number] | [INSERT - work email] |

**[INSERT/DELETE - known risks]**

We have listed the risks we know about below. This will help you decide if you want to be part of the study.

* [INSERT - any known risks here]
1. **What will happen to information about me?**

By clicking on the ‘I agree, start questionnaire’ button, this tells us you want to take part in the study. We will collect and store information about you in ways that will [INSERT - will or will not] reveal who you are. This means you [INSERT - can or cannot] be identified in any type of publication from this study.

We will keep your information for [INSERT - length of time 5/7/15 years] after the project is completed. After this time we will destroy all of your data.

We will collect, store and destroy your data in accordance with La Trobe Universities Research Data Management Policy which can be viewed online using the following link: <https://policies.latrobe.edu.au/document/view.php?id=106/>.

The information you provide is personal information for the purposes of the Privacy and Date Protection Act 2014 (Vic). You and your child have the right to access personal information held about you by the University, the right to request correction and amendment of it, and the right to make a complaint about a breach of the Information Protection Principles as contained in the Information Privacy Act.

1. **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].

1. **What if I change my mind?**

If you no longer want to complete the questionnaire, simply close the web browser. If you change your mind after clicking on the ‘Submit’ button, we [INSERT - can or cannot] withdraw your responses because we [INSERT - can or cannot] link who you are with your questionnaire responses.

Your decision to withdraw at any point will **not** affect your relationship with La Trobe University or any other organisation listed.

1. **Who can I contact for questions or want more information?**

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

| **Name/Organisation** | **Position** | **Telephone** | **Email** |
| --- | --- | --- | --- |
| [INSERT - name/organisation] | [INSERT - Position Title] | [INSERT - work number] | [INSERT - work email] |

1. **What if I have a complaint?**

If you have a complaint about any part of this study, please contact:

| **Ethics Reference Number** | **Position** | **Telephone** | **Email** |
| --- | --- | --- | --- |
| [INSERT - Ethics Number] | Senior Research Ethics Officer | +61 3 9479 1443 | humanethics@latrobe.edu.au  |

**Consent Form – Declaration by Participant**

I (the participant) have read understood the Participant Information Statement, and any questions have been answered to my satisfaction. I agree to participate in the study, I know I can withdraw at any time. I agree information provided by me or with my permission during the project may be included in a thesis, presentation and published in journals on the condition that I cannot be identified.

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

**[INSERT/DELETE - If applicable]**

[ ]  I would like to receive a copy of the results via email or post. I have provided my details below and ask that they only be used for this purpose and not stored with my information or for future contact.

|  |  |  |
| --- | --- | --- |
| **Name** | **Email (optional)** | **Postal address (optional)** |
|  |  |  |

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| --- |
| **I agree, start questionnaire** |