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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?**

This is an invitation for your child to take part in a study. The study is about [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. **Does my child have to participate?**

Being part of this study is voluntary. We ask that you discuss the study with your child when you are deciding if you want your child to take part. If you decide together for your child to be part of the study we ask that you read this information carefully and ask us any questions.

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

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

Your child has been asked to be part of the study because:

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

If your child wants to take part in this study, we will ask your child to [INSERT - description e.g., questionnaires / interviews / study procedures]. It will take [INSERT - approx time e.g., 60 mins] of your child’s time to be part of this study. We [INSERT - do/ do not] require you to be present at the same time.

**[INSERT/DELETE – who will be present with the child during the study tasks]**

When your child is taking part in this study, the following people will be present:

| **Name/Organisation** | **Position** |
| --- | --- |
| [INSERT - name/organisation] | [INSERT - Position Title e.g., Teacher, Principal, Study team etc..] |

1. **What are the benefits?**

The benefit of your child 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 or your child experience something that you aren’t sure about, please contact us immediately so we can discuss the best way to manage your concerns.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 my child?**

We will collect and store information about your child in ways that will [INSERT - will or will not] reveal who your child is. This means your child [INSERT - can or cannot] be identified in any type of publication from this study.

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

We will collect, store and destroy your child’s 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 and your child 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 compliant about a breach of the Information Protection Principles as contained in the Information Privacy Act.

1. **Will we 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 indivdual and/or group results].

1. **What if we change our minds?**

At any time you or your child can choose to no longer be part of the study. You can let us know by:

1. Completing the ‘Withdrawal of Consent Form’ (provided at the end of this document);
2. Phoning us;
3. Emailing us

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

When you withdraw your child from the study we will stop asking for information. Any identifiable information about your child will be withdrawn from the research study. However, once the results have been analysed we can only withdraw information, such as your child’s name and contact details. If results haven’t been analysed you can choose if we use those results or not.

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

If you or your child 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 we have a complaint?**

If you or your child would like to make 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 Parent/Guardian**

I (the parent/guardian) have read (or, where appropriate, have had read to me) and understood the parent/guardian information statement, and any questions have been answered to my satisfaction. I understand I am being asked to provide consent for my child to be part of this study. I agree for my child to participate in the study, I know either myself or my child can withdraw at any time. I agree information provided by my child or with my permission during the project may be included in a thesis, presentation and published in journals on the condition that my child cannot be identified.

**[INSERT/DELETE - Applicable statement]**

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

[ ]  Only used for this specific study (up until my child turns 18, and then they will be asked for their own consent);

[ ]  Used for future related studies (up until my child turns 18, and then they will be asked for their own consent);

[ ]  Used for any future studies (up until my child turns 18, and then they will be asked for their own consent)

**[INSERT/DELETE - Applicable statements]**

[ ]  I agree to have my child’s interview audio and/or video recorded

[ ]  I agree to have my child’s biospecimens collected

[ ]  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)** |
|  |  |  |

**Parent/Guardian Signature**

**[ ]** I have received a signed copy of the Parent/Guardian Information Statement to keep

**[ ]** If appropriate - I have discussed the study with my child and through these discussions they have shown to me they want to be part of the study.

|  |  |
| --- | --- |
| Parent/Guardian printed name |  |
| Parent/Guardian 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;

[ ]  I am a person qualified to explain the study, the risks and answer questions

|  |  |
| --- | --- |
| Researcher’s printed name |  |
| Researcher’s signature |  |
| Date |  |

\* All parties must sign and date their own signature

**Withdrawal of Consent**

I wish to withdraw my consent for my child to participate in this study. I understand withdrawal will not affect my or my child’s relationship with La Trobe University of any other organisation or professionals listed in the Participant Information Statement. I understand my child’s information will be withdrawn as outlined below:

* My child will not be asked to provide any more information
* Any identifiable information will be withdrawn from the study
* The researchers cannot withdraw my child’s information once it has been analysed, and/or collected as part of a focus group

*\*\*if you have consented for your contact details to be included in a participant registry you will need to contact the registry staff directly to withdraw your details.*

I would like my child’s already collected and unanalysed data

[ ]  Destroyed and not used for any analysis

[ ]  Used for analysis

**Parent/Guardian Signature**

|  |  |
| --- | --- |
| Parent/Guardian’s printed name |  |
| Parent/Guardian’s signature |  |
| Date |  |

**Please forward this form to:**

|  |  |
| --- | --- |
| CI Name | [INSERT - CI Name] |
| Email | [INSERT - work email address] |
| Phone | [INSERT - work phone] |
| Postal Address | [INSERT - work postal address] |