This research is being funded by [list the name/s of funding organisation/s] and is being carried out by the following

Researchers:

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Organisation** |
| Data Custodian/s | [INSERT - First Name + Last Name] | [INSERT - school/department/organisation] |
| Databank Name | [INSERT - name of databank] | |
| Research funder | **[INSERT/DELETE - projects with funding]**  This research has received [INSERT - list funding amount and source].  **[INSERT/DELETE - projects WITHOUT funding]**  This research receives in kind support from La Trobe University. | |

1. **What is a databank?**

You are invited to store information about you in the above databank. Your information will be used for future research on [INSERT - lay description of the potential types of studies].

**[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 and ask us any questions.

You can read the information below and decide at the end if you do not want to participate. Your decision not to participate 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 information about me are you being asked to store?**

We would like to store the following types of information:

* [INSERT - type of data/information].

1. **What will happen to information about me?**

We will **collect** information about you in ways that [INSERT - will or will not] reveal who you are.

We will **store** information about you in ways that [INSERT - will or will not] reveal who you are.

We will **publish** information about you in ways that [INSERT - will or will not] be identified in any type of publication from this study.

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

The storage, transfer and destruction of your data will be undertaken in accordance with the [Research Data Management Policy](https://policies.latrobe.edu.au/document/view.php?id=106/) <https://policies.latrobe.edu.au/document/view.php?id=106/>.

The personal information you provide will be handled in accordance with applicable privacy laws, any health information collected will be handled in accordance with the Health Records Act 2001 (Vic). Subject to any exceptions in relevant laws, you have the right to access and correct your personal information by contacting the research team.

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

You can choose to no longer be part of the study at any time until [four weeks] following the collection of your data. You can let us know by:

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

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

When you withdraw from the databank we will stop asking you for information. Any identifiable information about you will be withdrawn, however we cannot withdraw your data from studies which have used and analysed your information.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Organisation** | **Position** | **Telephone** | **Email** |
| [INSERT - name/organisation] | Data Custodian | [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](mailto:humanethics@latrobe.edu.au) |

**Consent Form – Declaration by Participant**

I (the participant) have read (or, where appropriate, have had read to me) and 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 until [four weeks] following the collection of my data. 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 understand I am giving consent for my information to be stored for future studies

**Participant Signature**

I have received a signed copy of the Participant Information Statement to keep

|  |  |
| --- | --- |
| Participant’s printed name |  |
| Participant’s 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 to participate in this study. I understand withdrawal will not affect my relationship with La Trobe University of any other organisation or professionals listed in the Participant Information Statement. I understand the researchers cannot withdraw my information once it has been analysed, and/or all identifiers have been removed and results have been aggregated.

I understand my information will be withdrawn as outlined below:

* Any identifiable information about me will be withdrawn from the study
* The researchers will withdraw my contact details from the databank so I cannot be contacted by them or any other research group in the future.

**Participant Signature**

|  |  |
| --- | --- |
| Participant’s printed name |  |
| Participant’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] |