# **EXPRESSION OF INTEREST AND CONSENT FORM**

## **Storyboard Workshops – Co-Creation of VR Animated Films**

### Research project: Planning Inclusive Communities

### UTAS Ethics Approval Number: 27599

## **Research team**

Principal Researcher:

Dr Lisa Stafford ARC DECRA Senior Fellow, School of Geography, Planning and Spatial Sciences at University of Tasmania (UTAS) Email: lisa.stafford@utas.edu.au Phone: 03 6226 2143

Co-Researcher External - Dr Sam Abbato, Director of Visual Insights email: sam.abbato@visualinsights.com.au

Research Assistants:

Rosie Pretorius, Research Assistant, School of Geography, Planning and Spatial Sciences at University of Tasmania (UTAS), rosie.pretorius@utas.edu.au

Matt Novacevski, Research Assistant, School of Geography, Planning and Spatial Sciences at University of Tasmania (UTAS), matthew.novacevski@utas.edu.au

## **Statement of consent**

**By signing below, you are indicating that you:**

* Have read and understood the information document regarding this research project.
* Have had any questions answered to your satisfaction.
* Understand that if you have any additional questions, you can contact the research team.
* Understand that you are free to withdraw without comment or penalty. However, withdrawal is not possible after workshop 4 – finalisation stage due to publication.
* Understand that this study has been approved by the University of Tasmania Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, you can contact the Executive Officer on (03) 6226 6254 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H27599.
* Understand that the research project will include an audio recording.
* Understand that every effort will be made to ensure that the data you provide cannot be traced back to you in reports, publications and other forms of presentations. For example, we will only include the relevant part of a quote, we will not use any names or names will be changed, and details such as dates and specific circumstances will be excluded. Nevertheless, while unlikely, it is possible given the connections in the disability community that if you are quoted directly your identity may become known. As such it is important to only talk about what you are comfortable revealing and sharing.
* Agree to non-identifiable written and visual-creative data created (storyboards, drawings) in the research being used in research outputs including publications.
* Agree to non-identifiable data being made available for future research with related aims.
* Agree to participate in the research project.

[ ] I consent

[ ] I don't consent. Thank you please stop and contact the researcher team for more information.

**Name of participant**

**Signature of participant**

**Date**

**Expression of Interest:**

**Tell us why you want to be part of the co-creating stories for VR Films on Makings Communities Inclusive?** You can tell us in 200 words or email lisa.stafford@utas.edu.au a video/tiktok.

**Confirm you are able to meet the following**:

* Identifies as disabled person/ person with disability, mental health needs, chronic illness, or Autistic/neurodiverse person Yes or No
* Are 18-30 years of age Yes or No
* Lives in small cities, regional centre or towns in Australia (exclude Sydney, Melbourne, Brisbane) Yes or No
* Have access to a computer and comfortable working online using zoom Yes or No
* Can commit to all four workshops Yes or No
* Are comfortable working in groups Yes or No

**INFORMATION ABOUT YOU**

**Where do you live?**

**Postal address**

**Town/Region** **State**

**Email** ........................................................................................................................

**Phone** ........................................................................................................................

**If comfortable, please tell us what is your disability/health conditions?**

**What is your Gender Identity?**

**Please return this signed consent form to the researcher.**