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|  | **CONSENT FORM FOR QUT RESEARCH PROJECT****Interview – Parent/Guardian** |
| **Making Communities Inclusive:****Inclusive community planning for people with disabilities in regional areas.****QUT Ethics Approval Number 1900000898** |

**Research team**

**Dr Lisa Stafford 07 3138 4595** **lisa.stafford@qut.edu.au**

**Statement of parent/guardian 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.
* Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
* Understand that the research project will include an audio recording.
* Agree to your child participating in the research project.
* Agree to non-identifiable data provided being made available for research with related aims in the future. This includes written and visual-creative works. Only non-identifiable data will be used in future research.

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| **Name of parent/guardian** |  |
| **Signature of parent/guardian** |  |
| **Date** |  |
|  | **Age of Child Participant** ...................................................................................................**Disability** ...................................................................................................**Where do you live?** **Suburb/Town** **State** **Best contact: Email** ................................................................................................... **Phone** ................................................................................................... |

**Please turn over for the child consent.**

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

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|  | **CONSENT FORM FOR QUT RESEARCH PROJECT****Interview – Child** |
| **Making Communities Inclusive:****Inclusive community planning for people with disabilities in regional areas.****QUT Ethics Approval Number 1900000898** |

**Research team**

**Dr Lisa Stafford 07 3138 4595** **lisa.stafford@qut.edu.au**

**Statement of child consent**

**Your parent or guardian has given their permission for you to be involved in this research project.**

**This form is to seek your consent to participate in the research.**

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

* Have read and understood the information about this research project.
* Have discussed the research project with your parent/guardian.
* 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.
* Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
* Understand that the research project will include an audio recording.
* Agree to participate in the research project.
* Agree to non-identifiable data provided being made available for research with related aims in the future. This includes written and visual-creative works. Only non-identifiable data will be used in future research. Agree to research being

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| --- | --- |
| **Name of child** |  |
| **Signature of child** |  |
| **Date** |  |

**Please turn over for the parent/guardian consent.**

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