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|  | **CONSENT FORM FOR QUT RESEARCH PROJECT****Interview – Adult** |
| **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 participant 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 participate in the research project.

|  |  |
| --- | --- |
| **Name of participant**  |  |
| **Signature of participant** |  |
| **Date** |  |
|  | **Do you identify as a person with a disability** **[ ]  Yes [ ]  No** **Where do you live?** **Suburb/Town** **State** **Best contact:** **Email** ........................................................................................................................**Phone** ........................................................................................................................ |

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