** CONSENT FORM**

**Easy Read – Story Workshops**

****

**Planning Inclusive Communities**

**UTAS Ethics Approval Number 27599**

****

**For help or questions contact**

Dr **Lisa** Stafford, The University of Tasmania

Phone….. 03 6226 2143

Email……lisa.stafford@utas.edu.au

Diagram

Description automatically generated**This form is asking if you want to be involved in this research.**

**To do this we need to ask you a few questions.**

| **Please tick ✓ the ‘YES’ box if you agree with the information or cross 🗶 the ‘NO’ box if you don’t agree.** | | **Yes**  **✓** | **No**  **🗶** |
| --- | --- | --- | --- |
|  | 1. I have understood this information |  |  |
| 1. I know what is being asked of me. |  |  |
|  | 3. I know I can ask questions I have |  |  |
|  | 3. I understand that I do not have to do it. |  |  |
|  | 4. I can stop any time up to workshop 4. |  |  |
| 5. If I say no … I will not get into trouble. |  |  |
|  | 6. I understand that my answers will be used in a research project. |  |  |
|  | 7. I understand my private information stays private. You will keep information about me safe. |  |  |
|  | 8. You may use my answers later, but not my name. |  |  |
|  | 9. I agree for the interview to be audio recorded. |  |  |
|  | 10. I want to be in this research? |  |  |

 **Name of participant** ........................................................................................

**Signature of participant** ........................................................................................

**Date of signing** ……………….…. / ……..………..…. / ………….…………

**Age** ........................................................................................

**Disability** ........................................................................................

**Where you live?** ........................................................................................

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

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

Where required

**Name of parent / guardian** ........................................................................................

**Signature of parent/carer/guardian** ........................................................................................

**Date** ……………….…. / ……..………..…. / ………….…………