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|  | **CONSENT FORM FOR QUT RESEARCH PROJECT**  **Photo/VideoVoice– Activity-Based 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**](mailto: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 and your child 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](mailto: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**  **– Photo/Videovoice Activity-Based 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**](mailto: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](mailto:humanethics@qut.edu.au).
* Understand that the research project will include an audio recording.
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|  |  |
| --- | --- |
| **Name of child** |  |
| **Signature of child** |  |
| **Date** |  |

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

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