 **CONSENT FORM FOR QUT RESEARCH PROJECT**

 **PLANNING & BUILT ENVIRONMENT PROFESSIONAL INTERVIEW**

**Project: Making Communities Inclusive: Inclusive 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?**

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

**Best contact:**

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

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

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