# **EXPRESSION OF INTEREST AND CONSENT FORM**

## **Community of Practice for Planners**

## **– Co-Creation of Practice Resources**

### Research project: Planning Inclusive Communities

### UTAS Ethics Approval Number: 27599

## **Research team**

Principal Researcher:

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## **Statement of 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. However, withdrawal is not possible after workshop 6 – finalisation stage due to publication.
* Understand that this study has been approved by the University of Tasmania Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, you can contact the Executive Officer on (03) 6226 6254 or email [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au). The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H27599.
* Understand that the research project will include an audio recording.
* Understand that every effort will be made to ensure that the data you provide cannot be traced back to you in reports, publications and other forms of presentations. For example, we will only include the relevant part of a quote, we will not use any names or names will be changed, and details such as dates and specific circumstances will be excluded. Nevertheless, while unlikely, it is possible given the small size of communities that if you are quoted directly your identity may become known. As such it is important to only talk about what you are comfortable revealing and sharing.
* Agree to non-identifiable written and visual-creative data created (diagrams) in the research being used in research outputs including publications.
* Agree to non-identifiable data being made available for future research with related aims.
* Agree to participate in the research project.

☐I consent

☐I don't consent. Thank you please stop and contact the researcher team for more information.

Name of participant

Signature of participant

Date

Tell us why you want to be part of the Community of Practice? You can tell us in 200 words or less

INFORMATION ABOUT YOU

Are you a RPIA/MPIA/Associate Member?

Current Position/Role:

Post Code where do you live?

State

Email ........................................................................................................................

Phone ........................................................................................................................

Do you identify as a person with a disability, neurodiversity, chronic illness, mental health needs ☐ Yes ☐ No

Gender Identity: ……………………………………………………

Confirm the following:

You are currently a practicing urban /regional planner ☐ Yes ☐ No

Have access to a computer and comfortable working online using zoom☐ Yes ☐ No

Can commit to all six workshops ☐ Yes ☐ No

Are comfortable working in groups ☐ Yes ☐ No

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