



CONSENT FORM FOR QUT RESEARCH PROJECT
Community Chats (Focus Groups) – 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

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 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 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.
- Agree to your child participating in the research project.

Name of parent/guardian

Signature of parent/guardian

Date

Age of Child Participant

Suburb/Town _____

Email **Phone**

Which Location are you child/young person attending?

- Cambridge Primary School 2 September Thursday 3.15 to 5.15 pm
- Risdon Vale Community Centre Saturday 18 September 10.30 am to 12.30
- Howrah Community Centre 8 September 5-7 pm
- Rosny Library 2 October Saturday 10 am to 12 pm
- Clarence Plains - Grace Centre Friday 15 October 10.30 to 12.30 pm
- South Arm Community Centre Sunday 31 October 10.30 to 12.30 pm

Participation Needs. Please complete on the next page.

The venues are wheelchair accessible and there will be a portable hearing loop.

Please let us know if you have any specific needs to aid your participation. For example, Auslan interpreter, transport.

Does your child identify as a person with a disability, chronic illness, mental health needs or neurodiverse person?

- Yes
 No

Please let us know any specific dietary needs as we are providing food - refreshments.

Please save, take a photo, or scan this signed consent form and return it to the researcher.

Email: lisa.stafford@qut.edu.au

Please turn over for the child consent.

Please return this signed consent form to the researcher.



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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.
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- Agree to participate in the research project.

Name of child

Signature of child

Date

Please turn over for the parent/guardian consent.
Please return this signed consent form to the researcher.