**CONSENT FORM FOR QUT RESEARCH PROJECT**

**Community Chats (Focus Groups) – Adults**

**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 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 participate in the research project.

**Name of participant:**

**Signature of participant:**

**Date:**

**Suburb/Town State**

**Phone: Email**

**Which Location do you want to attend?**

[ ]  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 any specific needs to aid your participation.** For example, Auslan interpreter, transport.

**Do you identify as a person with a disability, chronic illness, mental health needs or neurodiverse person?**

 [ ]  Yes

 [ ]  No

**Please let us know if you have 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**