|  |  |
| --- | --- |
|  | **CONSENT FORM FOR QUT RESEARCH PROJECT**  **– Photovoice Activity-Based 1:1 Interview – Adult –** |
| **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 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](mailto:humanethics@qut.edu.au).
* Understand that the research project will include an audio recording.
* Agree to participate 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.

**Name of participant :**

**Signature of participant:**

**Date:**

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

Yes

No

**Where do you live?**

**Suburb/Town** **State**

**Best contact:**

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

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

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