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| **CONSENT FORM FOR RESEARCH PROJECT** **Easy Read – Community Chats** |
| **Trips Not Made: Reducing transport disadvantage in Tasmania**UTAS Ethics Approval Number: H0024779 |



**Have questions?**

Talk to Dr **Lisa** Stafford



Phone  **03 6213 3664**



**lisas1@****anglicare-tas.org.au**

**!!! This form is asking if you want to be involved in this research**

**We need to ask you a few questions first**

| **Please tick the ‘YES’ box if you agree with the information** **or** **cross X the ‘NO’ box if you don’t agree.** | **Yes****** | **No****X** |
| --- | --- | --- |
|  | 1. I understand what is being asked of me and the information in this form.
 |  |  |
|  | 1. I know I can ask questions if unsure.
 |  |  |
|  | 1. I understand that I do not have to do it.
 |  |  |
|  | 4. I can stop at any time. |  |  |
| 5. If I say no … I will not get into trouble.  |  |  |
|  | 6. My answers will be used in a research project. |  |  |
|  | 7. My private information stays private. They will keep information about me safe. |  |  |
|  | 8. My answers may be used later but not my name. |  |  |
|  | 9. I agree for the chat to be audio recorded. |  |  |
|  | 10. I agree to be in this research |  |  |



 **Name** ........................................................................................

 **Signature** ........................................................................................

 **Date** ……………….…. / ……..………..…. / ………….…………

 **Your Age** ........................................................................................

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 **Any needs to help you?** (e.g. Auslan interpreter, communication partner**)**

 **Where you live?** ........................................................................................



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

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

Where required: young person under 18 must have a parent/guardian signature.

**Name of parent/carer/guardian** ........................................................................................

**Signature of parent/carer/guardian** ........................................................................................