**CONSENT FORM FOR RESEARCH PROJECT**

**Activity-based Interview – Parent/Guardian**

**Trips Not Made: Reducing transport disadvantage in Tasmania**

UTAS Ethics Approval Number: H0024779

## **Research team**

Dr Lisa Stafford Chief Investigator, Researcher (UTAS/SARC) Ph: 03 6213 3664 lisa.stafford@utas.edu.au

Mary Bennett Coordinator (SARC) maryb@anglicare-tas.org.au

Selina Claxton Research Assistant, SARC s.claxton@anglicare-tas.org.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 your child is free to withdraw without comment or penalty.
* 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. The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H0024779.
* Understand that the research project will include an audio recording.
* Understand that every effort will be made to ensure that the data your child provides cannot be traced back to them 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 your child is quoted directly their identity may become known. As such it is important to only talk about what they are comfortable revealing.
* Agree to non-identifiable written and visual-creative data created in the research being used in research outputs including publications.
* Agree to non-identifiable data provided being made available for future research with related aims.
* Agree to your child participating in the research project.

**Name of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of young person:**

**Age of young person:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Suburb/Town:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the young person identify as a person with a disability, chronic illness, mental illness or as Autistic/neurodiverse?**

 [ ]  Yes

 [ ]  No

**Please turn over for the young person consent. Please return this signed consent form to the researcher.**

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* Agree to non-identifiable data provided being made available for future research with related aims.
* Agree to participate in the research project.

**Name of participant:**

**Signature of participant:**

**Date:**

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