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| [Click to add Locked Bag, Street Address, TOWN STATE POSTCODE]  T: +61 2 [0000 0000] | E: [name]@csu.edu.au | csu.edu.au/[divisionorschool]  Charles Sturt University - TEQSA Provider Identification: PRV12018 (Australian University). CRICOS Provider: 00005F. ABN: 83 878 708 551. |

[Click to add School/Division]

[Click to enter Faculty, or press ‘Delete’ three times to delete]

**Information Sheet – sample**

**Insert details at shading.**

**The blue text provides guidance.**

**Do not include shading or blue text in your submission.**

If collaborating with outside researchers, letterhead or current logo for their organisation/institution)

# CONSENT FORM

(Title of research must be the same as the Information Statement)

Researchers: Name, qualifications and identify student and course

Project Supervisor/s name/s positions School/Division/Unit

School/Faculty/Organisation

I agree [or, I agree for my child ……….] to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Information Statement, a copy

of which I have retained.

I consent to [provide a simple dot point list (or checkboxes if appropriate) of specific activities the participant is being asked to do]. Eg,

• participating in an interview and having it recorded;;

• providing a 10ml blood sample;

• the researchers accessing my medical records to extract information on …

I have had the opportunity to have questions answered to my satisfaction.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add **Contact Details** if there is to be further contact with the participant, eg to arrange an interview, if they agree to be notified of any medical issues detected during the research etc.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Charles Sturt University’s Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee through the Research Integrity Unit via the following contact details:

The Presiding Officer

Human Research Ethics Committee

Research Integrity Unit

Locked Bag 588

Wagga Wagga NSW 2678

Phone: (02) 6933 4213

Email: ethics@csu.edu.au

Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.