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| Consent form for personsparticipating in a research projectMelbourne School of Psychological Sciences |  |

**Project: [*insert project title here*]**

**Responsible researcher: [*insert name of responsible researcher here*]**

Additional researchers: [*insert the names of everyone who may be involved in any way, e.g., experimental design, testing participants, or processing data, and state their role in brackets; for example:* Ms April Anderson (PhD Student), MrBen Bolton (Research Assistant).]

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| **Participant name:** |  |

1. I consent to participate in this project. The purpose of this research is to investigate [*insert a one-sentence description of the project here*].
2. I understand that this project is for research purposes only and not for treatment.
3. In this project I will be required to [*insert every activity the participant will undertake. This should be summarised from the plain language statement*]. The details of this have been explained in the plain language statement, of which I have been given a copy to keep.
4. [*Optional, delete as appropriate*] I understand that my interviews may be audio and/or video-taped. [*Insert here any additional recording methods, such as eye-tracking, heart-rate monitoring, etc.*].
5. I understand that there are risks involved in participating in this research project. Specifically, [*insert a summary of risks here*]. These risks have been minimised by [*insert measures to minimise risk here*].
6. I understand that my participation is voluntary. I am free to withdraw from the project at any time, without explanation or prejudice, and to withdraw any unprocessed data I have provided. Withdrawing from the project will not affect my relationship with the Melbourne School of Psychological Sciences. It will not affect any ongoing assessment, grades or treatment for which I would otherwise be eligible.
7. I have been informed that the data from this research will be stored at the University of Melbourne [*insert conditions of data retention here, for example:* and will be destroyed 7 years after the last resulting publication].
8. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements. My data will be password protected and accessible only to the named researchers.
9. [*Optional, delete as appropriate*] I understand that given the small number of participants involved in the study, it may not be possible to guarantee my anonymity.
10. [*Optional, delete as appropriate; note this is mandatory for REP participants*] I agree to have the findings of this study emailed to me.
11. I understand that after I sign and return this consent form, it will be retained by the researcher.

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| My email address is: | [*Delete if item 10 is not included*] |

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| **Participant signature** |  | **Date** |