**Melbourne School of Psychological Sciences**



**Consent form for persons participating in a research project**

PROJECT TITLE: **XXXXX**

Name of Participant:

Name of Responsible Researcher: Dr. **XXX** **XXX**

Name of Additional Researchers: Ms. **XX XX** (PhD student), Mr**. XXX** (Research Assistant) **List everyone who may be involved in any way, e.g. testing a participant, just processing the data, and state their role in brackets.**

1. I consent to participate in this project. The purpose of this research is to investigate **[insert one sentence description of 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 do **[List every activity they will be require to do. This can be summarized from the plain language statement].** The details of this have been explained in the Plain Language Statement 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 addition requirements here such as eye tracking, heart rate monitoring etc].**

5. I understand that there are risks involved in participating in this research project. Specifically, **XXXX**. These risks have been minimized by **XXXX**.

6. My participation is voluntary and that 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. Specifically, it will not affect any ongoing assessment/grades or treatment that I would otherwise be eligible for.

7. I have been informed that the data from this research will be stored at the University of Melbourne and will be destroyed after **XXX** years.

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 by 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]** I agree to have the findings of this study emailed to me. **[This is mandatory for REP participants]**

11. I understand that after I sign and return this consent form, it will be retained by the researcher.

[**optional – only needed if item 10 is included ]** My email address is:

Participant signature: Date: