Requirements of the Consent Form

A statement of evidence of informed consent should contain the following information:

1. Clear identification of:
   a. the University - the consent form is to be printed on University letterhead
   b. the department or departments involved
   c. the project title
   d. the principal (and/or) other investigator(s);

2. A statement to the effect that the participant understands the nature of the project and what is expected of him or her, and his or her agreement to participate on that basis;

3. Acknowledgment by participants (where applicable) that they:
   a. have read the written information about the project and have received a copy of that information;
   b. have received an adequate explanation of all likely risks, effects, discomforts or inconvenience arising from participation in the project;
   c. understand participation is voluntary and they have the right to withdraw from participation at any time and that they may withdraw any data they have supplied (up to the point of analysis/publication);
   d. understand they will be video-taped, audio-taped, photographed (if applicable)
   e. are satisfied that the confidentiality of the information they have provided will be safeguarded subject to any legal limitations;
   f. understand they will not be identified in any publication arising from the research; (where participants elect to be identified, a tick-box could be included on the consent form to record this);
   g. understand any special risks involved (e.g. mandatory reporting).

4. Signatures of participant and investigator. Where the participant is under the age of 18 years, and is participating on an individual basis, the parent or guardian should also sign a consent form. It may be appropriate for separate forms to be used for parents and children, alternatively both sign the same form. The signature of a third-party witness may also be necessary (please refer to section 7 of the guidelines). Evidence of consent can also be recorded by way of signature of a third party who witnessed the informed consent process.
Consent Form Checklist

Confirm that the Consent Form:

1. Clearly identify the University of Melbourne (i.e. by prominent placement of the University's logo) and the department(s)/school(s)/faculty(ies) involved. If printed, the consent form should be on University of Melbourne letterhead.

2. Clearly identify the title of the project, the name(s) and contact details of the Principal Researcher and Other Researchers. For student projects, specify the student’s level of study.

3. If participants will be photographed, audio- or video-recorded, clearly state as much.

4. State that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied. Also state that the purpose of the project is research.

5. Describe the arrangements in place to protect the confidentiality of participants’ data and advise participants of any legal limitations to such confidentiality. If the sample size for the project is small, advise participants that this may make them identifiable.

6. The project HREC number (which is the ethics ID number assigned by Themis) and the date and version number of the PLS must appear on the PLS. If the PLS is printed, put this information in the footer.
CONSENT FORM [Parent/Guardian]

Project Title: [Insert title of project]

Investigators: [Insert name of researchers]

Parent/Guardian name (please print)

Child’s name (please print)

1. I consent to my child’s participation in the project named above, the particulars of which have been explained to me. A written copy of the information has been given to me to keep.

2. I acknowledge that:
   • My child is free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed identifiable data previously supplied.
   • The project is for the purpose of research.
   • I have been informed that the confidentiality of the information provided will be safeguarded subject to any legal requirements and that, due to the small sample size, complete anonymity of participants cannot be guaranteed.
   • I acknowledge that participants will be referred to by pseudonym in any publications arising from the research.

Signature __________________________ Date __________________________
(Parent/Guardian)
Title: [Insert title of project]

Researchers: [Insert name of researchers]

My name is Joe/Jane and I am doing some work to find out what children know about books.

Would you like to read book with me? Your mum and dad have said this is OK.

Child’s assent (circle)  YES ☑ NO ☐
CONSENT FORM [Sample Model for Persons Participating in Research]

TITLE: [INSERT TITLE OF PROJECT]

I, ....................................................................................................................................[PRINT NAME], give consent to my participation in the above named research project run by [INSERT name of researchers] at The University of Melbourne.

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, [INSERT if applicable the following sentence: including any inconvenience, risk, discomfort or side effect, and their implications,] and any questions I have about the project have been answered to my satisfaction.

2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.

3. I understand that being in this study is completely voluntary – I am not under any obligation to consent.

4. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.

5. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Melbourne [INSERT if applicable any other institutions relating to your research] now or in the future.

6. [If applicable to your research] I understand that I can stop the interview at any time if I do not wish to continue, the audio [add video if appropriate] recording will be erased and the information provided will not be included in the study.

[If applicable to your research] I understand that I can stop my participation in the focus group at any time if I do not wish to continue; however as it is a group discussion it will not be possible to exclude individual data to that point.

HREC: XXXXXX; Date: 10/12/12; Version: X.X
7. I consent to: [please remove any of the following that are not applicable to your research or add specific consents as required]

- Audio-recording ☐ YES ☐ NO ☐
- Video-recording ☐ YES ☐ NO ☐
- Receiving Feedback ☐ YES ☐ NO ☐

If you answered YES to the “Receiving Feedback” question, please provide your details i.e. mailing address, email address.

**Feedback Option**

**Address:**

________________________________________________________________________

________________________________________________________________________

**Email:**

________________________________________________________________________

Signature

________________________________________________________________________

Please PRINT name

________________________________________________________________________

Date
CONSENT FORM [Sample Model for Persons Participating in Research]

PROJECT TITLE: ........................................................................................................

Name of participant:

Name of investigator(s):

1. I consent to participate in the project named above, the particulars of which - including details of ............... (include terms relevant to the methodology of the research, e.g., “tests or procedures”, “interviews and questionnaires”) - have been explained to me. A written copy of the information has been given to me to keep.

2. I authorise the researcher or assistant to use for this purpose the ................. (include phrase used at 1 above) referred to under (1) above.

3. I acknowledge that:

   (a) the possible effects of the ................. (include phrase used at 1 above) have been explained to me to my satisfaction;

   (b) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data previously supplied;

   (c) The project is for the purpose of research / The project is for the purpose of research and not for treatment; (for medical research)

   (d) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements.

   (e) (include other clauses as relevant, e.g., consent to interviews being audio-taped, acknowledgement that copies of transcripts will be returned to participant for verification, participants to be referred to by pseudonym or identified by name in any publications arising from the research, and in instances where a dependent relationship is involved confirmation that participation or non-participation in the research will have no affect on grades/assessment/employment)

Signature __________________________ Date ____________

(Participant)

Signature __________________________ Date ____________

(Parent/Guardian) [If required – see section 3.6 of guidelines]

HREC: XXXXXXX; Date: 21/09/09; Version: X.X