**Participant information sheet and consent form**

**Research title:** <insert research title>

**Researcher(s):** <insert name(s) of researcher(s)>

**Organisation(s):** <insert name>

**Research ethics approval number(s):** <insert all approvals by organisation and number>

…

What is the research about?

This research aims to <describe in plain language what the research project is about>.

Who is doing in the research?

<insert name(s) of researcher(s)>, who work for <insert name of organisation(s)>.

It is paid for by <insert organisation(s)/community group(s) supporting research including details of who is funding the project>.

**When and where is the research being done?**

It is being done between <insert date(s)> and <insert date(s)> at <insert site(s)>.

Why have you asked me to take part?

We have asked you to take part because <describe the reason(s) in plain language>.

Why is the research being done?

We think the research will help <describe the benefits, and who they will go to>.

You can pull out at any time and it won’t change how the researcher(s) or anyone else treats you. If you do decide to pull out of the project, please let us know.

If I say yes, what will you do and when?

We will <describe in plain language the research methods and techniques, interview/focus groups/workshop process, use of digital recordings/photographs, etc.>.

The research will happen around the <insert date(s)> at <insert location(s)>.

What do I need to do?

If you agree to take part, you will need to <describe in plain language how much time the participant will need to take part in project>.

What if I change my mind?

If you do agree to take part, then change your mind, you can pull out at any time. It won’t change how we or anyone else treats you. If you do decide to pull out, please let us know. We’ll ask you to sign a form for our records.

**What if I mention something illegal that I have done? (delete if not relevant)**

If you tell us about anything illegal you have done, except anything you have already been charged with, we will have to tell the authorities.

And if you you tell us about anything that affects the welfare of children, we will have to tell the authorities.

What if I get upset by any questions? (delete if not relevant)

You might feel upset by some of the questions we ask. If you don’t want to answer a question, you can skip it and go to the next question, or you can stop straight away.

We can arrange for a staff member to talk with you, or tell you about counselling or other support.

Will I be paid?

No. <If the participant will be recompensed in any way, say so here in plain language>.

What will happen to my information?

Your information will be used to create <describe in plain language what the participant's information will be used to create, i.e. report, video, education program, etc.>.

We won’t identify you in the report.

You own what you say in our interview.

<Outline who owns copyright of the material being produced>.

<Outline whether reports will be shared with the participant>.

What happens to the results of any tests I do? (delete if not relevant)

We will<describe in plain language whether you will inform the participant and his/her health carer of all results>.

What are the possible risks?

The risks include <describe in plain language any potential risks to the participant and any other risks associated with the research>

We try to reduce these risks by < outline the risk mitigation strategy>

We think the benefit to <describe who gets the benefits> is bigger than the risk to you. But it’s up to you to decide.

Storing the information

Anything we learn from you will be stored in <describe in plain language where the data will be stored, i.e. password protected computers/USBs/hard drives, locked filing cabinets, etc.>.

We will store the information for <outline how long the data will be stored for>, then destroy it.

Cultural information (delete if not relevant)

<State whether any culturally sensitive or restricted information will be collected or not, and if so, indicate that permissions will be sought from relevant community organisations, Traditional Owners, Elders, etc.>

Questions or concerns

Do you have any questions? Is there anything you’re worried about? If so, please discuss it with us before agreeing to anything.

Contact

Our contact details are <insert name of researcher(s) and contact details>.

Complaints

You can complain about any part of our research to:

* <insert contact details of the researcher(s) supervisor/governing body>
* the Justice Health and Forensic Mental Health Network Human Research Ethics Committee on 02 9700 3443 at [ethics@justicehealth.nsw.gov.au](mailto:ethics@justicehealth.nsw.gov.au)

If you think there has been a breach of your privacy, you can write to the Office of the Australian Information Commissioner, GPO Box 5218 Sydney NSW 2001 or call 1300 363 992.

Ethics committee approval

The <name HREC> has approved this research. You can contact them on <insert phone number and email> .

**Participant information sheet and consent form (continued)**

**Research title:** <insert research title>

**Researcher(s):** <insert name(s) of researcher(s)>

**Organisation(s):** <insert name>

**Research ethics approval number(s):** <insert all approvals by organisation and number>

|  |  |  |
| --- | --- | --- |
| 1. I understand what the research is about | Yes ☐ | No ☐ |
| 1. I understand the risks and benefits of being part of this research | Yes ☐ | No ☐ |
| 1. I understand what will happen to me during the research | Yes ☐ | No ☐ |
| 1. I agree to take part in this research | Yes ☐ | No ☐ |
| 1. I know I can pull out of the research at any time and this won’t affect any services I receive | Yes ☐ | No ☐ |
| 1. I agree that the researcher(s) can interview me | Yes ☐ | No ☐ |
| 1. I agree to this interview/focus group/workshop being audio-taped and/or filmed | Yes ☐ | No ☐ |
| 1. I agree to photographs being taken of this interview/focus group/workshop | Yes ☐ | No ☐ |
| 1. I understand that I <will be/will not be> paid | Yes ☐ | No ☐ |
| 1. I agree to having <blood or tissue sample> taken | Yes ☐ | No ☐ |
| 1. I know what will happen to my <blood or tissue sample>. | Yes ☐ | No ☐ |
| 1. I agree to <insert any other tests or investigations> | Yes ☐ | No ☐ |
| 1. I agree that you can see and use my medical records | Yes ☐ | No ☐ |
| 1. I understand the results of this research might be published | Yes ☐ | No ☐ |
| 1. I agree that my name and other personal information can be mentioned in the <project report/publication that comes from this research> | Yes ☐ | No ☐ |
| 1. I understand that all confidential information will be kept safe for <state length of time> | Yes ☐ | No ☐ |
| 1. If the researcher(s) keep(s) a record of what I said in a way that could identify me, I give permission for my information to be shared | Yes ☐ | No ☐ |
| 1. I want the researcher(s) to give me a copy of the <project report/publication> that is produced | Yes ☐ | No ☐ |
| 1. I know that I own my personal interview recordings | Yes ☐ | No ☐ |
| 1. I know that if I get distressed or upset during any interview, I can get help from <who, where and how> |  |  |
| 1. I understand that the copyright in the <project report/publication> produced as a result of this research will be <shared between / owned by> <insert organisation, community, individual(s)> | Yes ☐ | No ☐ |

Participant to complete:

* I have read the Participant Information Sheet and Consent Form (or someone has read it to me in language I understand) and I agree with it.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: / /**

Email (to send a copy of this form): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher to complete:

* I have described the nature of the research to the participant and I believe that he/she understood and agreed to it.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: / /**

This form has been adapted with permission from forms developed by the Australian Institute of Aboriginal and Torres Strait Islander Studies and the Aboriginal Health and Medical Research Council of NSW. February 2021.