**REMOVE INFORMATION PAGES BEFORE SUBMITTING WITH APPLICATION**

Informed consent is required by all research participants. This means that a participant’s decision must be voluntary and based on adequate understanding of the research. The NHMRC National Statement on Ethical Conduct in Human Research paragraph 2.2 states: “Respect for human beings involves giving due scope to people’s capacity to make their own decisions. In the research context, this normally requires that participation be the result of a choice made by participants – commonly known as ‘the requirement for consent.”

Note that signed consent is not always required, or necessarily the best way, to ensure participants consent to participating in your study.

Consider the needs of **your** participants and **your** study design, in deciding how best to ensure participant consent.

This template is based on the requirements of the National Statement as well as the requirements of the ICH Harmonised Tripartite Guideline for Good Clinical Practice.

The Headings are to guide you for content that should be included. To ensure the information statement is easy to read we suggest you use the headings as they are in bold and provide the relevant information underneath. The Headings also help break up the text to make the information more readable and ensure all relevant points are included.

**In the template there are prompts for content in the dot points and suggested text in *blue italics*. Please address the dot points but it is not intended that they be answered as questions. Select the most appropriate suggested text in blue italics and format to standard type. Delete any blue italic statements that are not relevant to your project.**

**Carefully consider what is relevant and appropriate for YOUR project**

**The *red italics* are details you must enter relevant to your project. Delete the red italics prior to submission for review.**

Additionally please:

* Ensure you use plain language, short sentences and use “we” and “you”. It addresses the person directly, it is familiar and friendly and the tone is warmer.
* Use active rather than the passive voice
	+ The active voice is more to the point and lively.
	+ The passive voice makes your writing more long-winded.

|  |  |
| --- | --- |
| **🗸 ACTIVE** | **X PASSIVE** |
| We will send you a short report of the results | A summary of results will be sent to all study participants |
| We will take a small blood sample from your child | A small blood sample will be needed from your child |

Once you have finished please proof read your document. Get a friend or colleague to proof read as well to ensure consistency, spelling, simplicity and readability. Remember you need to aim your information sheet to a 13 year old reading level. The best guide is to get someone unfamiliar with your research to read it and make sure it can be easily understood.

**CONSENT FORM**

|  |  |
| --- | --- |
| **HREC Project Number:** | *The Ethics Office will advise you of this number after you have submitted your project* |
| **Project Title:** | *This must be in plain English and match the consent form title* |
| **Chief Investigator:** | *Insert the academic title, first name and surname, position of the principal researcher*  |
| **Student researcher:** | *Only If appropriate to include* |
| **Version Number:** | *Must align with footer details* |
| **Version Date:** | *Must align with footer details* |

* I have read, *{or had read to me in my first language –* ***delete if not appropriate****},* the information statement version listed above and I understand its contents.
* I believe I understand the purpose, extent and possible risks of my involvement in this project.
* I voluntarily consent to take part in this research project.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I understand that this project has been approved by Curtin University Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007).
* I understand I will receive a copy of this Information Statement and Consent Form.

|  |  |
| --- | --- |
| Participant Name |  |
| Participant Signature |  |
| Date |  |

Declaration by researcher: I have supplied an Information Letter and Consent Form to the participant who has signed above, and believe that they understand the purpose, extent and possible risks of their involvement in this project. (required for clinical trials; remove if not relevant e.g., online questionnaires)

|  |  |
| --- | --- |
| Researcher Name |  |
| Researcher Signature |  |
| Date |  |

*Note: All parties signing the Consent Form must date their own signature.*

**ONLY USE IN PROJECTS WITH IMPLIED CONSENT**

Please insert the following tick box at the top of your questionnaire.

|  |  |
| --- | --- |
| [ ]  | I have received information regarding this research and had an opportunity to ask questions. I believe I understand the purpose, extent and possible risks of my involvement in this project and I voluntarily consent to take part. |

**EXAMPLES OF OPTIONAL CONSENT TICK BOXES**

If you are offering consent choices, information about each option MUST be described in Section “What am I being asked to do?” of the Information Statement under a heading titled OPTIONAL CONSENT

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to you using any data I provided before withdrawing from the study, if relevant |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to being video-recorded |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to being audio-recorded |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to being photographed |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent for the researchers to contact my GP/family doctor |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to the researchers accessing my medical record |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent for the researchers to contact my child’s school teacher |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to data linkage |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to be contacted about future research projects that are related to this project |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to the storage and use of my information in future ethically-approved research projects related to this (project/disease) |