# <INSTRUCTIONS TO APPLICANT: Transfer this form to your organisational letterhead>

# Participant Information Sheet and Informed Consent Form

<INSTRUCTIONS TO APPLICANT: Delete and/or modify any fields so as to make them appropriate to your project>

**Project Title:** <Insert Project Title>

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

**Organisation(s):** <E.g. The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)>

**What is the project about?**

The aim of this research project is to <describe in plain language what the research project is about>.

**Who is involved in the project?**

This research project is being conducted by <insert name(s) of researcher(s)> who work for <insert name of organisation(s)> for the period of <insert date(s)> to <insert date(s)>

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

**Why have I been invited to participate?**

You have been invited to participate because <describe in plain language the reasons why the participant has been chosen to participate in the research project and include the value and benefits of the research to the participant(s)>.

You can pull out at any time and it won’t change your relationship with the researcher(s) or anyone else. If you do decide to pull out of the project, you will need to do this by <insert date>.

**What will the researcher(s) do and when?**

The researcher(s) 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)>.

It will require the following time commitments from you: <describe in plain language how much time the participant will need to take part in project and whether the participant will be paid or recompensed in some form>.

**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.>.

Any information that is obtained in connection with this research project and that can be identified with you will remain confidential unless otherwise permitted by you, or as required by law. The procedures for ensuring the confidentiality of your information during the collection phase and the later publication of results are <outline how the participant's confidentiality will be contained during these stages>.

You will retain any Intellectual Property from your own personal interview recordings.

Copyright will be <outline who owns copyright of the material being produced and whether it will be shared with the participant>.

The researcher(s) will provide you with a copy of the <describe research output(s)>.

**What are the potential risks?**

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

< Outline the risk mitigation strategy>

**Data storage and giving materials to AIATSIS**

During the project, the data 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.>.

The information will be kept for <outline how long the data will be stored for>.

<If you agree, the researcher(s) propose to give all notes/recordings to AIATSIS for safekeeping. At AIATSIS these materials can be preserved and made available in the future.>

<When donating materials to AIATSIS you can place conditions on who can access them, although it is advisable to consider if this is absolutely necessary now and in the future.>

**Culturally restricted information**

<State whether any culturally restricted information will be collected or not, and if so, indicate that permissions will be sought from relevant community organisations, traditional owners, elders, etc.>

**Inclusion and exclusion criteria**

<If relevant, outline details for the exclusion criteria, i.e. people under the age of 18 won't take part in the interviews/focus groups/workshops>

**Contact**

I know that if I have queries about the research I can contact <insert name of researcher(s) and contact details>.

**Complaints**

I know that I can complain to:

* <insert contact details of the researcher(s) supervisor/governing body>
* The Executive Director of Research, AIATSIS, 51 Lawson Crescent, Acton ACT 2601, (e) [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
* The Chair of the AIATSIS Research Ethics Committee, AIATSIS, 51 Lawson Crescent, Acton ACT 2601, (e) [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
* If I think there has been a breach of my privacy I can write to the Office of the Australian Information Commissioner, GPO Box 5218 Sydney NSW 2001 or call 1300 363 992.

**Ethics Committee Clearance**

The ethical aspects of this research project have been approved by the AIATSIS Research Ethics Committee.

# Participant Information Sheet and Informed Consent Form (continued)

<INSTRUCTIONS TO APPLICANT: Delete and/or modify any cells so as to make them appropriate to yorur project>

**Project Title:** <Insert Project Title>

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

**Organisation(s):** <E.g. The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)>

|  |  |  |
| --- | --- | --- |
| 1. I understand what this project is about | Yes ☐ | No ☐ |
| 1. I voluntarily agree to my participation in this study | Yes ☐ | No ☐ |
| 1. I understand that I can withdraw from the project <by DATE / at any time> | Yes ☐ | No ☐ |
| 1. I understand what will happen to me during the research project as explained to me | Yes ☐ | No ☐ |
| 1. I agree that the researcher(s) can interview me for the research including in a group of people (or ‘focus group’) | Yes ☐ | No ☐ |
| 1. I consent to this interview/focus group/workshop being audio taped and/or filmed <by DATE / at any time> | 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 for my participation as explained to me | Yes ☐ | No ☐ |
| 1. I understand the potential risks and possible benefits of participating in this research as explained to me | Yes ☐ | No ☐ |
| 1. I understand that the results of this research may be published in a public or other forum | Yes ☐ | No ☐ |
| 1. I agree that my name and other personal information may be mentioned in the <project report/publication> that comes out of this research. | Yes ☐ | No ☐ |
| 1. I understand that all information gathered in this research that is confidential will be kept secure for <state length of time> | Yes ☐ | No ☐ |
| 1. If the researcher(s) keep(s) a record of what I said with my name on it, or which could be used to identify me, I: | ☐ give permission for my information to be shared  ☐ don’t give permission for my information to be shared | |
| 1. I want the researcher(s) to give me a copy of the <project report/publication> that is produced as a result of this research. | Yes ☐ | No ☐ |
| 1. I understand that I will retain any Intellectual Property from my personal interview recordings. | Yes ☐ | No ☐ |
| 1. I understand that the researcher(s) will SHARE copyright in the <project report/publication> produced as a result of this research with <insert organisation, community, individual(s)>.   This means that the researcher(s) cannot reproduce the information that is in the <project report/publication> in other places or for other purposes without first getting permission from <insert organisation, community, individual(s)>. | Yes ☐ | No ☐ |

**Signatures**

Participant to complete:

* I am 18 years of age or older.
* I have read the Participant Information Sheet and Informed 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: / /**