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

# Informed Consent Form

<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: / /**