1. **What is the research study about?**

You are invited to take part in this research study. The research study aims to [INSERT a brief description of the purpose, aims and significance of your research study in plain English].

1. Who is conducting this research?

The study is being carried out by the following researchers: [INSERT name of CI, PI and the student investigator], [INSERT School/Faculty or Organisation].

Research Funder: This research is being funded by [list the name/s of funding organisation/s].

1. **Inclusion/Exclusion Criteria**

Before you decide to participate in this research study, we need to ensure that it is ok for you to take part. The research study is looking recruit people who meet the following criteria:

* [INSERTthe inclusion criteria]

 Participants who meet the following criteria will be excluded from the study:

* [INSERTthe exclusion criteria]
1. **Do I have to take part in this research study?**

Participation in any research study is voluntary. If you do not want to take part, you do not have to.

If you decide you want to take part in the research study, you will be asked to:

* Read the information carefully (ask questions if necessary);
* Complete the online questionnaire.
1. **What does participation in this research require, and are there any risks involved?**

If you decide to take part in the research study, we will ask you to complete an [online questionnaire/survey/screening survey]. The questionnaire will ask you questions about [provide a description of the questions to be asked]. It should take approximately [insert approx time] to complete.

**[Reimbursement and Incentives] –** If applicable indicate whether participants will be provided with reimbursement or an incentive.

If you experience discomfort or feelings of distress while participating in the research and you require support, you can stop participating at any time. You can also tell a member of the research team and they will provide you with assistance or alternatively a list of support services and their contact details are provided below.

[INSERT if applicable]

If at any stage during the study, you become distressed or require additional support from someone not involved in the research please call:

**Contact for feelings of distress**

|  |  |
| --- | --- |
| **Name/Organisation** | [INSERT name/organisation] |
| **Position** | [INSERT position title] |
| **Telephone** | [INSERT work telephone number] |
| **Email** | [INSERT work email address] |

1. **What will happen to information about me?**

Submission of the online questionnaire is an indication of your consent. By clicking the ‘I agree to participate’ button you are providing your permission for the research team to collect and use information about you for the research study.

The research team will store the data collected from you for this research project for:

* A minimum of 5 years after the publication of the research results;
* A minimum of 7 years after the completion of the research;
* A minimum of 15 years after the publication of research results;
* Other [insert the retention period]

The information about you will be stored in an/a:

* Identifiable format, where your identity will be known.
* Re-identifiable format where any identifiers such as your name, address, date of birth will be replaced with a unique code.
* Non-identifiable format where your identify will be unknown.

You will be asked to provide your consent for the research team the share or use the information collected from you in future research that:

* Will be specific to the aims of this research;
* Will be an extension of, or closely related to, the original project; or is in the same general area of research;
* Will be used in any future research.

Your information will only be shared in a format that will not identify you.

1. **How and when will I find out what the results of the research study are?**

The research team intend to publish and/ report the results of the research. All Information will be published in a way that will or will not identify you.

If you would like to receive a copy of the results you can let the research team know by inserting your email or mailing address in the consent form. We will only use these details to send you the results of the research.

1. **What if I want to withdraw from the research study?**

 [If the questionnaire is ANONYMOUS]

If you do consent to participate, you may withdraw at any time. You can do this by closing the questionnaire. If you withdraw from the research, we will destroy any information that has already been collected. Once you have submitted the questionnaire however, we will not be able to withdraw your responses as the questionnaire is anonymous.

[If the questionnaire is IDENTIFIABLE]

If you do consent to participate, you may withdraw at any time. You can do so by completing the ‘Withdrawal of Consent Form’ which is provided at the end of this document. Alternatively, you can ring the research team and tell them you no longer want to participate. If you decide to leave the research study, the researchers will destroy any information that has already been collected and no additional information will be collected from you. Your decision not to participate or to withdraw from the study, will not affect your relationship with UNSW Sydney [list the name/s of funding organisation/s].

The information you provide is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 (NSW). You have the right of access to personal information held about you by the University, the right to request correction and amendment of it, and the right to make a compliant about a breach of the Information Protection Principles as contained in the PPIP Act. Further information on how the University protects personal information is available in the [**UNSW Privacy Management Plan**](https://www.legal.unsw.edu.au/compliance/privacyhome.html).

**What if I have a complaint or any concerns about the research study?**

If you have a complaint regarding any aspect of the study or the way it is being conducted, please contact the UNSW Human Ethics Coordinator:

**Complaints Contact**

|  |  |
| --- | --- |
| **Position** | Human Research Ethics Coordinator |
| **Telephone** | + 61 2 9385 6222 |
| **Email** | humanethics@unsw.edu.au  |
| **HC Reference Number** | [INSERT HC reference number] |

1. **What should I do if I have further questions about my involvement in the research study?**

The person you may need to contact will depend on the nature of your query. If you require further information regarding this study or if you have any problems which may be related to your involvement in the study, you can contact the following member/s of the research team:

**Research Team Contact**

|  |  |
| --- | --- |
| **Name** | [INSERT full name] |
| **Position** | [INSERT position title] |
| **Telephone** | [INSERT work telephone number] |
| **Email** | [INSERT work email address] |

**Chief Investigator**

|  |  |
| --- | --- |
| **Name** | [INSERT full name] |
| **Position** | [INSERT position title] |
| **Telephone** | [INSERT work telephone number] |
| **Email** | [INSERT work email address] |

**Consent Form – Participant providing own consent**

**Declaration by the participant**

By checking the I agree/start questionnaire option below:

* I understand I am being asked to provide consent to participate in this research study;
* I have read the Participant Information Sheet, or it has been provided to me in a language that I understand;
* I provide my consent for the information collected about me to be used as described in section 6 of this document.
* I understand that if necessary, I can ask questions and the research team will respond to my questions.
* I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the study and withdrawal will not affect my relationship with any of the named organisations and/or research team members;
* I understand that I can download a copy of this consent form from [INSERT weblink/web address]
* A copy of the participant information statement and consent form was provided to me via email.
* I understand that the results of the research will be made available on the [insert school/faculty/organisation] website.
* I would like to receive a copy of the study results via email or post, I have provided my details below and ask that they be used for this purpose only.
* I am providing my contact details to allow the research team to send me the reimbursement.

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Optional Consent for reuse of data and future research:

* I provide my consent for the information collected about me to made available to other researchers as described at section 6 of this document.
* I provide my consent to be identifed in publications relating to this research
* I provide my consent for my name and contact details to be retained in a register so I can be contacted about other research projects in the future.

|  |
| --- |
| **I agree, start questionnaire** |

[DELETE THIS FORM For ANONYMOUS questionnaire]

[For NON-ANONYMOUS questionnaire]

**Form for Withdrawal of Participation**

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with The University of New South Wales, [other participating organisation[s] or other professional(s)].

* I am withdrawing my consent and I would like any identifiable information collected about me which I have provided for the purpose of this research study withdrawn.
* I am withdrawing my consent to participate in further components of this research and provide my permission for the research team to retain and/or use information collected about me which I have provided for the purpose of this research.
* I am withdrawing my consent and I understand that any information already published and/or not linked to my identity cannot be withdrawn from the research.

**Participant Name**

|  |  |
| --- | --- |
| Name of Participant (please type) |  |
| Date |  |

**The section for Withdrawal of Participation should be forwarded to:**

|  |  |
| --- | --- |
| CI Name: | [insert CI name] |
| Email: | [insert work email address] |
| Phone: | [insert work mobile number] |
| Postal Address: | [insert work postal address] |

|  |
| --- |
| **Submit withdrawal of consent** |