**Logo

Description automatically generated**

**UniSQ HREC Approval number: HXXREAXXX**

University of Southern Queensland

Under 18 years Assent form

Questionnaire

[This template provides the basic information that must be provided to participants to assist in the process of achieving informed consent. Ensure the statements are ‘age appropriate’ for your target participants, i.e. please reword in Easy English when necessary (this is particularly important in the case of age groups still learning to read).

* Refer to 2.2 of the [National Statement on Ethical Conduct in Human Research, 2007 (updated 2018)](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018) for further information about consent.

**Instructions for Use:**

* Delete the blue instructional text as required
* Delete all the [square brackets]
* Ensure all remaining blue text has been changed to black
* Ensure the information provided aligns with the details provided within the application
* Ensure formatting remains consistent (i.e. use Arial 10 throughout) and proofread for errors.]

|  |
| --- |
| **Project Title** |
| **[Insert project title]** |

|  |  |
| --- | --- |
| **Research team contact details** | |
| **Principal Investigator Details** | **[Supervisor/Co-investigator details]** |
| Mr John Citizen  Email: [john.citizen@usq.edu.au](mailto:john.citizen@usq.edu.au)  Telephone: +61 7 4631 XXXX  Mobile: +61 413 XXX XXX | Prof Jane Bloggs  Email: [jane.bloggs@usq.edu.au](mailto:jane.bloggs@usq.edu.au)  Telephone: +61 7 4631 XXXX  Mobile: +61 413 XXX XXX |

|  |
| --- |
| **Statement of consent** |

By signing below, you are indicating that you:

|  |  |
| --- | --- |
| * Have read and understood the information document regarding this project. | Yes /  No |
| * Have had any questions answered to your satisfaction. | Yes /  No |
| * Understand that if you have any additional questions, you can contact the research team. | Yes /  No |
| * Understand that any data collected may be used in future research activities [*omit this dot point if collected data will not be made available for future research activities]*. | Yes /  No |
| * Agree to participate in the project. | Yes /  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Name (first & last) |  | | |
| Signature |  | **Date** |  |

**Thank you for taking the time to help with this research project.**

**Please return this document to a research team member before undertaking the questionnaire.**