**Logo

Description automatically generated**

**UniSQ HREC Approval number: HXXREAXXX**

University of Southern Queensland

Consent form

Focus Group

[This template provides the basic information that must be provided to participants to assist in the process of achieving informed consent.

* 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 |
| * Are over 18 years of age. *[omit this dot point if your research may capture participants under the age of 18 years]* | 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 |
| * Understand that the interview will be audio/video recorded *[omit this point if the interview will not be recorded]* | 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.**