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|  | **CONSENT FORM FOR QUT RESEARCH PROJECT**  **– Easy Read – Interview –** |
| **Making Communities Inclusive:**  **Inclusive community planning for people with disabilities in regional areas.**  **QUT Ethics Approval Number 1900000898** | |

**If you have any questions or require further information please contact the listed researcher:**

**Dr Lisa Stafford 07 3138 4595** [**lisa.stafford@qut.edu.au**](mailto:lisa.stafford@qut.edu.au)

**Your parent or guardian has said yes for you to be involved in this research project. This form is asking if you want to be involved.**

**To do this we need to ask you a few questions.**

| **Please tick the ‘YES’ box if you agree with the information or cross the ‘NO’ box if you don’t agree.** | | **Yes**  **ü** | **No**  **û** |
| --- | --- | --- | --- |
|  | 1. I understand what is being asked of me and understand the information in this form. |  |  |
|  | 2. I have asked any questions I wanted to. |  |  |
|  | 3. I understand that I do not have to do it. |  |  |
|  | 4. I can stop at any time. |  |  |
| 5. If I say no … I will not get into trouble. |  |  |
|  | 6. I understand that my answers will be used in a research project. |  |  |
|  | 7. Your private information stays private. We will keep information about you safe. |  |  |
|  | 8. We may use your answers later but your name will not be used. |  |  |
|  | 9. I agree for the interview to be audio recorded. |  |  |
|  | 10. Do you want to be in this research? |  |  |

 **Name of participant** ........................................................................................

**Signature of participant** ........................................................................................

**Date of signing** ……………….…. / ……..………..…. / ………….…………

**Age** ........................................................................................

**Disability** ........................................................................................

**Where you live?** ........................................................................................

**Best contact: Email** ........................................................................................

**Phone** ........................................................................................

**Name of parent / guardian** ........................................................................................

(Where required: Children under 18 must have a parent/guardian signature.)

**Signature of parent/carer/guardian** ........................................................................................

**Date** ……………….…. / ……..………..…. / ………….…………