|  |  |
| --- | --- |
|  | **CONSENT FORM FOR QUT RESEARCH PROJECT**  **– Easy Read – PhotoVoice –** |
| **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:**

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

**This form is asking if you want to be involved in this research project.**

**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**  **✓** | **No**  **🗶** |
| --- | --- | --- | --- |
|  | 1. I know what is being asked of me and understand the information in this form. |  |  |
|  | 2. I have asked any questions I have. |  |  |
|  | 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. I understand my private information stays private. Researchers will keep information about me safe. |  |  |
|  | 8. My answers maybe used later but my name will not be used. |  |  |
| Slr Camera, Bouquet, Forest, Recording, Representation | 9. I agree for my photos/video to be used with no names or faces. |  |  |
|  | 10. I agree for the interview to be audio recorded. |  |  |
|  | 10. I want to be in this research? |  |  |



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

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

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

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

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

**Where do you live?** (Please only tick one **✓**)  Gympie Regional Council, Queensland

Clarence City Council, Tasmania

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

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

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

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

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

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