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**UniSQ HREC Approval number: ETH20XX-XXXX**

University of Southern Queensland

Consent form

Questionnaire

[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 2023](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2023#block-views-block-file-attachments-content-block-1) for further information about consent.

**Instructions for Use:**

* Delete the blue instructional text and unnecessary blue text as required;
* Delete all the [square brackets];
* Black text should not be removed unless instructed otherwise;
* Ensure all remaining blue text has been changed to black;
* Ensure this document is written in the second person (e.g. ‘you’, ‘your’ instead of ‘the participants’);
* 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;
* Ensure you include all listed investigators under the appropriate role headings when completing the contact details section. Delete incorrect roles as necessary, e.g., for a student project, ‘[Principal/Student] investigator details’ should become ‘Student Investigator details’]

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

|  |  |
| --- | --- |
| **Research team contact details** | |
| **[Principal/Student] Investigator details** | **[Principal Supervisor/Co-investigator] details** |
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| **[Associate Supervisor/Co-investigator] details** | **[Supervisor/Co-investigator] details** |
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[Add more lines or delete details as required]

|  |
| --- |
| **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. | 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.**