

*Insert researcher's institutional letterhead*

**PARTICIPANT CONSENT FORM**  
**Research Project**

I, .....(*Print name*), give consent to my participation in the research project

**Title:** .....  
(*Insert project title or Plain English equivalent*)

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. I understand that I can withdraw from the study at any time, without affecting my relationship with (*insert the relevant researcher(s) and UnitingCare agency*) now or in the future.
4. I understand that my involvement is strictly confidential and no information about me will be used in any way that reveals my identity.
5. I understand that being in this study is completely voluntary. I may withdraw from the study at any time without giving a reason and any information that I have supplied up to that point will not be included in the study.
6. *If the researcher is seeking consent to audio tape, video tape or otherwise record the participant's involvement then an acknowledgement of these arrangements should be sought.*

**Signed:** .....

**Name:** .....

**Date:** .....