**Human Research Ethics Committee (HREC) –
Consent Form**

Consent Form Template – Third party Health and Medical

[The highlighted text are example, optional statements. Guidance is provided in square [] brackets. Statements or information should be tailored to suit the nature of the research. Before submitting to the HREC, remove the highlighting and information in square brackets. Include a version number and date of the consent form in the footer.]

1. I give consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ‘s involvement in the following research project:

|  |  |
| --- | --- |
| **Title:** | Researcher to insert title of the project as written on the participant information sheet. |
| **Ethics Approval Number:** | Researcher to insert this number (allocated once the project has been approved. |

1. I have read the attached Information Sheet and had the project, so far as it affects him/her, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and his/her participation. My consent is given freely.
2. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

 [This statement should be removed for professionals.]

1. Although I understand the purpose of the research project is to improve the quality of health/medical care, it has also been explained that involvement may not be of any benefit to him/her.
2. I agree for him/her to participate in the activities outlined in the participant information sheet.

[For projects with multiple activities, it can be useful to list them and if they are optional include checkboxes for participants to indicate the activities they agree to undertake].

1. I agree for him/her to be:

Audio recorded ☐ Yes ☐ No

Video recorded ☐ Yes ☐ No

Photographed ☐ Yes ☐ No

[This statement can be modified to only include the recording that will take place. Remove the whole dot point if it is not relevant].

1. I understand his/her participation is voluntary and that I am free to withdraw his/her information from the project until… [This statement should be modified as required to reflect the research activity e.g. you have verified your interview transcript/one month after participation in the …. activity. For example in studies that collect anonymous information use the statement “I understand that as my participation is anonymous, I can withdraw any time up until submission of the survey.” For Focus Groups “I understand that I am free to leave the focus group at any time, but due to the nature of the discussion I cannot withdraw the data I have provided.”]

I understand that if he/she decides not to take part, or withdraws from the project, that this will not affect medical advice in the management of his/her health, now or in the future.

1. I have been informed that the information gained in the project may be published in a book/journal article/thesis/news article/conference presentations/website/report etc.

[Remove items not relevant and add any other ways the results may be published.]

1. [Choose one of the options below that best reflects the arrangements made in relation to identification of research participants. Delete the other options. If a different arrangement has been made, modify an option to accurately reflect those arrangements. Remove the ‘Option a./b./c./’ reference at the start of the statement before submitting the consent form to the HREC.]

Option a. I have been informed that in the published materials he/she will not be identified and any personal information that could identify he/she will not be divulged.

Option b. I give consent for him/her to be named to be named in the published materials. Yes [ ]  No [ ]

Option c. I have been informed that while he/she will not be named in the published materials, it may not be possible to guarantee his/her anonymity given the nature of the study and/or small number of participants involved.

1. [If future use and/or sharing of data, information or tissue collected is planned, choose the option below that best reflects this arrangement. If a different arrangement has been made, modify an option to accurately reflect these arrangements. Remove the ‘Option a./b./c./’ reference at the start of the statement before submitting the consent form to the HREC. The whole dot point 10 can be removed if future use or sharing will not occur.]

Option a. I consent for the use of his/her [data, information or tissue] by the same or other researchers in future research projects that are an extension of, or closely related to, the original project. I understand personal information that may identify him/her (e.g. name, address, date of birth) will be removed or changed before it is shared with other researchers: Yes [ ]  No [ ]

Option b. I consent for the use of his/her [data, information or tissue] by the same or other researchers in future research projects that are in the same general area of research (for example, genealogical, ethnographical, epidemiological, or chronic illness research). I understand personal information that may identify him/her (e.g. name, address, date of birth) will be removed or changed before it is shared with other researchers: Yes [ ]  No [ ]

Option c. I consent for the use of his/her [data, information or tissue] by the same or other researchers for any future research purposes. I understand personal information that may identify him/her (e.g. name, address, date of birth) will be removed or changed before it is either shared with other researchers or made accessible on a public data repository: Yes [ ]  No [ ]

1. I understand his/her information will only be disclosed according to the consent provided, except where disclosure is required by law.
2. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Third Party to Participant to complete:

Name: Signature:

Relationship to participant: Date:

Name and age of participant:

Researcher/Witness to complete:[This can be removed for electronically returned consent forms.]

I have described the nature of the research to

 *(print name of participant)*
and in my opinion she/he understood the explanation.

Signature: Position: Date: