**Research Participant Information Statement**

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| --- | --- |
| **Research Study Title**  |  |
| Researcher’s Name |  |

1. What is the study about?

[INSERT a statement that briefly describes

1. the purpose of the research study
2. why the participant was selected
3. any benefits the participant may reasonably expect from their participation
4. details about any discomforts, inconveniences and potential risks that the
participant may experience. Forexample:]

You [i.e., the research participant] are invited to participate in a study of [state what is being studied]. We/I [i.e., the researcher/s]hope to learn [state what the study is designed to discover or establish]. You were selected as a possible participant in this study because [state why the participant was selected].

If you decide to participate, we/I [or state other designated research person/s] will [describe in simple language the procedures to be followed, how long the procedures will take, and their frequency]. By participating in this study [describe any benefits the participant may reasonably expect from their participation in this study, ensuring the statement is written in a manner that doesn’t guarantee or promise that the participant will receive any benefits from this study. Also INSERT details about any discomforts, inconveniences and potential risks that the participant may experience, explain how these are being minimised].

1. Who is carrying out the study?

[INSERT a statement that makes clear who is carrying out the study. For example:]

The research is being conducted by [INSERT researcher’s name/and position if applicable] under the supervision of [name of supervisor/s and position/s].

[INSERT if applicable] The research studies contribute to [INSERT researcher’s name] studies for the award of the [INSERT degree course being undertaken] degree course being undertaken at ….

1. What does the study involve?

[INSERT a short statement that describes what the study involves in lay terms. For example:]

As a participant in this study, you will be involved in activities such as audio/video taping, questionnaires, surveys, focus groups, interviews, return of questionnaires, and location of focus groups/interviews.

1. How much time will the study take?

[INSERT a short statement that describes how much time the participant will need to dedicate to their involvement in the study. Where applicable, outline the duration of each activity that the participant will be involved in].

1. Will I incur any costs by participating in the study?

[INSERT details of the possibility of costs to the participant because of participation, including costs such as travel, accommodation and parking, and any reimbursement for these costs that will be provided to the participant]. [Also, INSERT details of any remuneration provided to participants for participation in the study, if applicable].

1. Can I tell other people about the study?

[INSERT details about information that the participant may share with others and what they are requested to keep confidential].

1. Will I receive the results of the study?

[INSERT a description of the mechanism/s by which a summary of research findings will be offered to research participants at the completion of the study. If there are potential negative effects of providing this feedback to participants these need to be described as does the mechanism in which the participant will provide their consent to receiving the feedback, e.g., by consent form with a tick-a-box mechanism provided to them before commencing the activity].

1. Confidentiality and disclosure of information

[INSERT a short statement similar to the following].

Any information that is obtained in connection with this study able to be identified as in connection with you will remain confidential and will be disclosed only with your permission, except as required by law. If you consent to participating in this study, we/I plan to discuss/publish the results [INSERT the name of the persons or organisations/agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure]. In any publication, information will be provided in such a way that you cannot be identified.

**If an overseas-based web survey tool (for example SurveyMonkey) is to be utilised, please include information to the following effect in order to comply with section 33 of the *Information Privacy Act 2009* (Qld). If an overseas-based web survey tool will not be utilised, please remove this paragraph:**

“The survey is being conducted using [name of survey tool] which is based in the [name of country]. Information you provide on this survey will be transferred to [name of survey tool]’s server in the [name of country]. By completing this survey, you agree to this transfer.”

1. Can I withdraw from the study?

[INSERT a short statement similar to the following].

Participation in this study is voluntary - you are not under any obligation to consent and - if you do consent - you can withdraw at any stage without affecting your relationship with [INSERT, any participating organisation/s or professional/s]. You can withdraw your consent by advising the researcher either verbally, via email, or by completing and returning the ‘Participant Withdrawal of Consent Form’ that is supplied herein.

[Paragraph for Interviews]

You may stop the interview at any time if you do not wish to continue. The audio recording will be erased and the information provided will not be included in the study.

[Paragraph for Focus Groups]

If you take part in a focus group and wish to withdraw. As this is a focus group it will not be possible to exclude individual data once the session has commenced.

[Paragraph for the return of questionnaires/survey if not having a consent form]

Being in this study is voluntary and you are not under any obligation to consent to complete the questionnaire/survey. Submitting a completed questionnaire/survey is an indication of your consent to participate in the study. You can withdraw any time prior to submitting your completed questionnaire/survey. Once you have submitted your questionnaire/survey anonymously, your responses cannot be withdrawn.

1. How can I obtain further information?

[INSERT a short statement similar to the following].

When you have read this information, [INSERT name of researcher] will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact either the researcher or [INSERT the name, position and business contact number of one other person that can be contacted concerning the research (e.g., research supervisor)].

1. What can I do if I have a complaint or a concern?

[INSERT the following statement].

Any concerns or complaints about the conduct of this study should be directed to the:

HREC Coordinator

Gold Coast University Hospital

1 Hospital Boulevard

SOUTHPORT QLD 4215

Email: GCHEthics@health.qld.gov.au

Phone: (07) 5687 3879

Research Governance Leader

Gold Coast University Hospital

1 Hospital Boulevard

SOUTHPORT QLD 4215

Email: GCHResearch@health.qld.gov.au

Phone: (07) 5687 3880

Any complaint will be investigated promptly and you will be informed of the outcome.

**This information sheet is for you to keep.**

**Research Participant Consent Form**

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| --- | --- |
| **Research Study Title**  |  |
| Researcher’s Name |  |

## Participant Consent

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to participate in this research. I have read the Research Participant Information Statement and had any question I have about the research answered for me by the researcher.

*Please complete, placing a ✓ in applicable boxes*

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Name of Research Participant *(First name and Surname)(Print)*

Are you 18 years of age or older? 🞎 Yes
 🞎 No - A parental consent form is required to be completed.

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Research Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness Relationship of Witness to
 Research Participant *(e.g., friend, sibling, parent, partner)*

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Witness Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Researcher’s Signature Date

**Research Participant
Withdrawal of Consent Form**

You can withdraw your participation consent by advising the researcher verbally, via email to [*INSERT email address of Researcher]* or by returning this completed form to [*INSERT mailing address of Researcher*].

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| --- | --- |
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I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the Gold Coast Hospital and Health Service, *(other participating organisation/s or other professional/s)*.

Research Participant Name *(Print)*

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Research Participant Signature Date