# Consent Form

## [School/Department/Faculty of Fine Arts and Music] C:\Users\ammartin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\UOM-Pos3D_S_Sm.jpg

## ***Project: [Project Title]***

**Primary Researcher:** [Responsible Researcher name]

**Additional Researchers:** [*List any staff or students who may be involved in the project in anyway. This includes processing data. Include name and role]*

|  |  |
| --- | --- |
| **Name of Participant:** |  |

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.
2. I understand that the purpose of this research is to investigate *[insert one sentence description]*
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project I will be required to *[insert every activity the participant will undertake in the project. Ensure that this is consistent with the information provided in the Plain Language Statement]*
6. [OPTIONAL]I understand that my interviews may be audio and/or video-taped and/or involve *[insert any specific requirements of participants (e.g. eye tracking) if applicable]*
7. I understand that my participation is voluntary and that I am free to withdraw from this project anytime without explanation or prejudice and to withdraw any unprocessed data that I have provided. X…ensure consistency with the PLS.
8. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed after 5 years. X…ensure consistency with the PLS.
9. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers.
10. [OPTIONAL] I understand that given the small number of participants involved in the study, it may not be possible to guarantee my anonymity.
11. I understand that after I sign and return this consent form, it will be retained by the researcher.

In the dissertation and any work arising from this research project, I would like to **(please circle):**

\*Be identified with my name OR \*Be referred to by a pseudonym OR \*Remain anonymous as far as this is possible

***Please tick:***

I consent to my contribution to the project being recorded □ yes □ no

I wish to be invited to any public performance emerging from this project □ yes □ no

I wish to receive a copy of the Student Researcher’s dissertation □ yes □ no

I wish to receive a summary report of the project outcomes □ yes □ no

**Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**