**Consent Form**

**Research Title:** *[insert full title of project AND Lay title if applicable]*

**Researcher(s):** *[insert names, positions and affiliations of all investigators involved in this research e.g. Jane Doe, DMin candidate, Ridley College]*

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

I consent to participate in this research project. It has been explained to me that the purpose of this research is to investigate [*insert 1 sentence description*]. I have also been provided with a written project information sheet in a language that I can understand.

The possible risks of participating in this research have been explained to my satisfaction. I understand that in this research I will be required to [*insert all the activities the participants will undertake in the research and how their data is being collected. Ensure this is consistent with the information provided in the participant information sheet and also the method section of your Ethics application*]. [*If applicable*: I understand that my interviews will be Audio/Video recorded and that I will have the opportunity to review the written transcript and give any feedback or withdraw my consent within (give time frame e.g. 2 weeks).]

I understand that the results of this research project may be published and/or presented in a variety of forms and that I will not be able to be identified without my express permission. [*If applicable*: I understand that given the small number of participants, it is not possible to guarantee complete anonymity.]

I understand that my participation is voluntary, and I am free to withdraw from this research anytime without needing to provide any explanation, and I would not receive any penalty or bias as a result of my withdrawal. Should I decide to withdraw, I understand that my data will be destroyed and will not be used in the research. [*If on withdrawal the data cannot be identified and/or withdrawn (e.g. after a set period of provision of transcript), this needs to be explained to the participants.*]

I understand that data collected for this research will be stored [*explain how/where the information in both electronic version as well as hard data will be stored to protect the identity of the participants*], and only [*insert names/roles*] will have access to the data.

I consent for my data to be used in future research that is an extension of or related to this project.

I understand that this research adheres to the ethical review process of the Australian College of Theology and the National Statement on Ethical Conduct in Human Research and has been approved by the [name of college LREC or ACT HREC]. I have been provided with contact details of the researcher [if applicable: their supervisor], and the ACT Ethics Committee.

Participant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*If applicable*] Parent/guardian signature\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

Relationship to the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethics ID number: [insert LREC or HREC number]