# Informed Consent Form

**Project Title:** Examining the scope and value of the Aboriginal and Torres Strait Islander allied health workforce in Australia from a cultural and economic lens

**Researcher:** Donna Murray, Kylie Stothers, Tara Lewis, Keona Wilson, Jed Fraser, Paul Gibson, Ruth Barker.

**Organisation(s):** Indigenous Allied Health Australia

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| --- | --- | --- |
| 1. I understand what this project is about | Yes ☐ | No ☐ |
| 1. I voluntarily agree to my participation in this study | Yes ☐ | No ☐ |
| 1. I understand that I can withdraw from the project at any time, noting that it might not be possible to withdraw following publication. | Yes ☐ | No ☐ |
| 1. I understand what will happen to me during the research project as explained to me | Yes ☐ | No ☐ |
| 1. I agree to be included in the group discussions. | Yes ☐ | No ☐ |
| 1. I agree that the researcher(s) can keep a record of the group discussions contained on participant sticky notes and scribe notes. | Yes ☐ | No ☐ |
| 1. I agree to photographs being taken of the group discussions. | Yes ☐ | No ☐ |
| 1. I understand that I will not be paid for my participation as explained to me | Yes ☐ | No ☐ |
| 1. I understand the potential risks and possible benefits of participating in this research as explained to me | Yes ☐ | No ☐ |
| 1. I understand that the results of this research may be published in a public or other forum | Yes ☐ | No ☐ |
| 1. I agree that my name and other personal information may be mentioned in the project outputs that comes out of this research. | Yes ☐ | No ☐ |
| 1. I understand that all information gathered in this research that is confidential will be kept secure for five (5) years. | Yes ☐ | No ☐ |
| 1. If the researcher(s) keep(s) a record of what I said with my name on it, or which could be used to identify me, I: | ☐ give permission for my information to be shared with my secondary consent  ☐ don’t give permission for my information to be shared | |
| 1. I want the researcher(s) to give me a copy of the project outputs that are produced as a result of this research. | Yes ☐ | No ☐ |
| 1. I understand that I will retain any Intellectual Property from my personal interview recordings. | Yes ☐ | No ☐ |
| 1. I understand that information gathered may be used for other purposes in accordance with 17 below. | Yes ☐ | No ☐ |
| 1. I understand that the researcher(s) will SHARE copyright in the project outputs produced as a result of this research with Indigenous Allied Health Australia.   This means that the researcher(s) cannot reproduce the information that is in the project outputs in other places or for other purposes without first getting permission from the Indigenous Allied Health Australia Board of Directors. | Yes ☐ | No ☐ |

**Signatures**

Participant to complete:

* I am 18 years or over.
* I have read the Participant Information Sheet and Informed Consent Form (or someone has read it to me in language I understand) and I agree with it.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: / /**

**Email (to send a copy of this form):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher to complete:

* I have described the nature of the research to the Participant and I believe that he/she understood and agreed to it.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: /**