****

**UniSQ HREC Approval number: ETH20XX-XXXX**

University of Southern Queensland

Under 18 years Assent form

Focus Group

[This template provides the basic information that must be provided to participants to assist in the process of achieving informed consent. **Ensure the statements are ‘age appropriate’ for your target participants, i.e. please reword in Easy English when necessary (this is particularly important in the case of age groups still learning to read).**

* Refer to 2.2 of the [National Statement on Ethical Conduct in Human Research 2023](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2023#block-views-block-file-attachments-content-block-1) for further information about consent.

**Instructions for Use:**

* Delete the blue instructional text and unnecessary blue text as required;
* Delete all the [square brackets];
* Black text should not be removed unless instructed otherwise;
* Ensure all remaining blue text has been changed to black;
* Ensure formatting remains consistent (i.e. use Arial 10 throughout) and proofread for errors;
* Ensure you include all listed investigators under the appropriate role headings when completing the contact details section. Delete incorrect roles as necessary, e.g., for a student project, ‘[Principal/Student] investigator details’ should become ‘Student Investigator details’]

|  |
| --- |
| **Project Title**  |
| **[Insert project title]** |

|  |
| --- |
| **Research team contact details** |
| **[Principal/Student] Investigator details** | **[Principal Supervisor/Co-investigator] details** |
| Mr John CitizenEmail: john.citizen@unisq.edu.auTelephone: +61 7 4631 XXXXMobile: +61 413 XXX XXX | Prof Jane BloggsEmail: jane.bloggs@unisq.edu.auTelephone: +61 7 4631 XXXXMobile: +61 413 XXX XXX |
| **[Associate Supervisor/Co-investigator] details** | **[Supervisor/Co-investigator] details** |
| Dr Fred SmithEmail: fred.smith@unisq.edu.au Telephone: +61 7 4631 XXXXMobile: +61 413 XXX XXX | Ms Ann DoeEmail: ann.doe@unisq.edu.au Telephone: +61 7 4631 XXXXMobile: +61 413 XXX XXX |

[Add more rows or delete details as required]

|  |
| --- |
| **Statement of consent** |

By signing below, you are indicating that you:

|  |  |
| --- | --- |
| * Have read and understood the information document regarding this project.
 | [ ]  Yes / [ ]  No |
| * Have had any questions answered to your satisfaction.
 | [ ]  Yes / [ ]  No |
| * Understand that if you have any additional questions, you can contact the research team.
 | [ ]  Yes / [ ]  No |
| * Understand that any data collected may be used in future research activities [*omit this dot point if collected data will not be made available for future research activities]*.
 | [ ]  Yes / [ ]  No |
| * Understand that the focus group will be [audio/video] recorded *[omit this point if the interview will not be recorded]*
 | [ ]  Yes / [ ]  No |
| * Agree to participate in the project.
 | [ ] Yes / [ ]  No |

|  |  |
| --- | --- |
| Name (first & last) |  |
| Signature |  | **Date** |  |

**Thank you for taking the time to help with this research project.**

**Please return this document to a research team member before undertaking the focus group.**