**Logo

Description automatically generated**

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

University of Southern Queensland

Parent/Guardian Permission form

Focus Group

[This template provides the basic information that must be provided to participants to assist in the process of achieving informed consent.

* 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 Citizen  Email: [john.citizen@unisq.edu.au](mailto:john.citizen@unisq.edu.au)  Telephone: +61 7 4631 XXXX  Mobile: +61 413 XXX XXX | Prof Jane Bloggs  Email: [jane.bloggs@unisq.edu.au](mailto:jane.bloggs@unisq.edu.au)  Telephone: +61 7 4631 XXXX  Mobile: +61 413 XXX XXX |
| **[Associate Supervisor/Co-investigator] details** | **[Supervisor/Co-investigator] details** |
| Dr Fred Smith  Email: [fred.smith@unisq.edu.au](mailto:fred.smith@unisq.edu.au)  Telephone: +61 7 4631 XXXX  Mobile: +61 413 XXX XXX | Ms Ann Doe  Email: [ann.doe@unisq.edu.au](mailto:ann.doe@unisq.edu.au)  Telephone: +61 7 4631 XXXX  Mobile: +61 413 XXX XXX |

[Add more rows or delete details as required]

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

I have read and understood the information document regarding my child’s potential participation in this research project  Yes / No

As a parent or legal guardian, I give the research team permission to approach my child, (name of child) and seek their consent to participate in the research project.

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**