 APPENDIX 2.4

Model Consent Form for Postgraduate Research Interviews

*Instructions for use: Delete the above header. Text in red should also be deleted (including these instructions) once the appropriate action has been taken.*

Consent Form

|  |  |  |
| --- | --- | --- |
|  | | |
| **Title of Research** |  |  |
|  | | |
| Name of Researcher/s |  |  |
|  | |  |
| Position of Researcher/s |  |  |
|  | | |
| I have read and understood the information sheet for this research study and the details have been explained to me.  I have had the opportunity to discuss this study and my questions have been answered.  I understand that I have the right to ask further questions at any time. I understand that my participation in the study is entirely voluntary.  I understand that this interview will be audiotaped [or other method for recording information shared as applicable].  I agree to participate under the following conditions:   * I am free to withdraw at any time until the data analysis begins without giving reasons and without any disadvantage. * My participation in this study is confidential and no material which could identify me will be used in the reports or publications from this study. * I may decline to answer any questions. * I can ask for the tape recorder to be turned off at any point during the interview. * The tapes will be transcribed by a transcriber who has signed a confidentiality agreement. [if applicable] * The transcripts will only be seen by the above-named researcher/s. [list anyone else who will have access to these] * The tapes will be returned to me. *[if applicable]* The transcripts and this consent form will be stored securely at the Department of … *[replace … with your department]*, Ara for 5 years and then destroyed. | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| I wish to be sent a copy of the transcript from my interview to check for inaccuracies or to withdraw any comments I made that I do not want to be included. | |  |  | Yes | | |  | No | |
|  |  |  | | |  |  | |
|  | | | | | | | | | |
| I have x *[Replace the x with the appropriate number of weeks]* weeksto respond after receiving the transcript to make any changes or to withdraw my contribution. *[delete if not applicable]* | |  |  | Yes | | |  | No | |
|  |  |  | | |  |  | |
|  | | | | | | | | | |
| I wish to receive a copy of the results | | |  | Yes | | |  | No | |
|  | | | | | | | | | |
| Full name of participant |  | | | | | | | |  |
|  | | | | | | | | | |
| Signature of participant |  | | | | Date |  | | |  |
|  | | | | | | | | | |
| Signature of researcher |  | | | | Date |  | | |  |
|  | | | | | | | | | |

*This study has been approved by the <<ethics committee>> on <<date>>, Reference # << reference>>.*