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| USY_MB1_RGB_Standard_Logo.tif |  | **School of Education & Social WorkFaculty of Education** |
|  |  ABN 15 211 513 464 |  |
|  | **Dr. Remy Y.S Low****Lecturer** | Room 911Education Building A35The University of Sydney NSW 2006 AUSTRALIATelephone: +61 2 9351 6241Email: rlow@sydney.edu.auWeb: <http://www.sydney.edu.au/> |

**Raising Career Awareness in Disadvantaged Schools**

**STUDENT CONSENT FORM**

I ................................................................................... [PRINT student’s NAME] participating in this research study.

In giving my consent I state that:

* I understand the purpose of the study, and what I will be asked to do, and any risks/benefits involved.
* I have read the Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
* The researchers have answered any questions that I had about the study and I am happy with the answers.
* I understand that being in this study is completely voluntary and that I do not have to take part. My decision whether to participate in the study will not affect my relationship with the researchers or anyone else at the University of Sydney [INSERT, if applicable to your study, any other individuals or institutions relating to your research] now or in the future.
* I understand that I can withdraw from the study at any time.
* I understand that I may stop the interview or completion of the written survey at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that my child may refuse to answer any questions they don’t wish to answer.
* I understand that my child may leave the questionnaire at any time if I do not wish to continue. I also understand that my answers will automatically be deleted from the survey if I decide to leave the study.
* I understand that personal my information that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about my child will only be told to others with my permission, except as required by law.

 I understand that the results of this study may be published, and that publications will not contain my child’s name, the name of the school or any identifiable information about my child.

Personal Consent:

I consent to:

* **Audio-recording** YES NO
* **Video-recording** YES NO
* **Photographs** YES NO
* **Receiving feedback about my personal results** YES NO

**Would you like to receive feedback about the overall results of this study?**

 YES NO

If you answered **YES**, please indicate your preferred form of feedback and address:

 Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Students**

..................................................................

**Signature**

 ....................................................

**PRINT name**

.................................................................

**Date**

[As per the [guidelines](http://sydney.edu.au/research_support/ethics/human/guidelines/index.shtml) on our website, a Participant Information Statement should generally be provided to children. However, in some circumstances and at certain ages it may not be necessary for them to have their own Participant Consent Form. Where this is the case, children should either provide verbal assent or sign in the space below (depending on their age and the context of the study). Please remove this section if children will have their own Participant Consent Form.]

 [INSERT – if applicable to your study]:

**Child’s signature:**

..................................................................

**Signature**

 ....................................................

**PRINT name**

..................................................................

**Date**