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|  | ABN 15 211 513 464 | |  |
|  | **Dr. Remy Y.S. Low**  **Lecturer** | | Room 911  Education Building A35  The University of Sydney  NSW 2006 AUSTRALIA  Telephone: +61 2 93516241  Email: remy.low@sydney.edu.au  Web: <http://www.sydney.edu.au/> |

**Raising Career Awareness in Schools**

**STAFF CONSENT FORM**

I, ................................................................................... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

* I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
* I have read the **Participant 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 I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney now or in the future.
* I understand that I can withdraw from the study at any time.
* I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it will not be possible to withdraw my comments once the group has started as it is a group discussion.
* I understand that I may stop the interview 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 I may refuse to answer any questions I don’t wish to answer.
* I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about either myself or my school.

I consent to:

* **Audio-recording** YES NO
* **Being contacted about future studies** YES NO

**I would 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:

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

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**Signature**

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**PRINT name**

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**Date**