# Consent form for research participation

***This is provided as a guide. It is recommended that you consult legal advice in your agency to ensure it meets your legislative requirements.***

## Purpose of the research

*<Insert specific information about the purpose of your research in accordance with Information Privacy Principle (IPP) 2, the department (as an agency under the Information Privacy Act 2009 (Qld)) is required to provide specific information to individuals when it collects personal information—this information is referred to as a collection notice or a privacy notice/statement).>*

## Information we may collect

If you take part in this project, the Queensland Government will conduct an interview and ask you questions about your experiences and opinions dealing with government. We may also seek your feedback and opinions on new concepts, ideas or services.

We may take written notes and recordings of the interview to help us remember what you say.

We will collect personal information about you during the interview, such as your name, details about your personal and/or family circumstances and information about government services provided to you.

## Participation is voluntary

Your participation in this interview is voluntary. You can withdraw your consent at any time during the interview. You can decline to answer any question. You can ask that we not use the information you have shared.

You can also withdraw your consent after the interview by contacting *<insert email address>* up until *<insert date>.* After this date, it may not be possible to remove your information from our findings.

## How will we treat your personal information?

If you speak with us, we will:

* handle your personal information in accordance with the *Information Privacy Act 2009* (Qld);
* only use your personal information for the purposes of this project;
* only share your personal information for the purposes of this project; and
* store your personal information securely on Queensland Government systems, which are only accessible by those working on this project and as reasonably necessary for the purpose of this project.

We may use the information that you and other participants provide in research reports and other government materials. If we do, we will only use your circumstances and experience on a de-identified basis. For example, we will not use your name in any reports.

We may share these reports and other government materials with relevant government agencies in order to improve government projects and services.

## Are you comfortable for us to take a [video/audio] recording of the interview?

You can still participate in the interview if you choose not to be recorded.

Do you agree to the project team *<video/audio>* recording this interview?

**YES / NO** (please circle)

## Do you agree to participate?

By signing below, you agree that you understand the information sheet and consent form as you have read it or had it explained, and you agree to participate in these activities. We are happy to provide you with a copy for your records should you wish.

**Participant**

|  |
| --- |
| Full name (print) |
| Signature |
| Date |

**Researcher**

|  |
| --- |
| Researcher name |
| Signature |
| Date |