**PARTICIPANT INFORMATION LETTER and Consent Form (PICF)**

**Online Survey**

* ***NOTES. The information in black text is compulsory with the text in blue italics being for guidance only.  Please revise and delete text as necessary.***
* ***Specific guidance can be obtained from the NHMRC National Statement and the Research Ethics Webpage;***
* ***Your letter should be written in the first person (you are invited) and use non-technical/lay language suitable for your participant group.***
* ***Do NOT change the headings nor re-arrange the order.***
* ***This PICF should be used unless the approving HREC is external to ACU.***
* ***To assist with version control, please ensure the version number and date in the footer is completed.***

***\*\*DELETE all blue italic information or change to black text all writing that is relevant to your research PRIOR to submission. All black text is compulsory and can be adapted to suit your research.***

**PROJECT TITLE:**

**APPLICATION NUMBER: (2023-** add the ethics 4-digit number generated in ORION**)**

**PRINCIPAL INVESTIGATOR:
STUDENT RESEARCHER** **AND DEGREE:**

Dear Participant,

You are invited to participate in the research project described below.

***1*. What is the project about?**

The research project aims to [*describe the project in plain English, its aims and objectives, why it is/should be important to the participants and what you hope to achieve*] You are invited because (*insert reason for invitation)* and your contact details were obtained from (*insert if known and appropriate - how/where they were obtained)*

***2.* Who is undertaking the project?**

This project is being conducted by [*insert names of all researchers*] and (*if appropriate*) will form the basis for the degree of (*insert degree*) at the Australian Catholic University under the supervision of (*insert name of supervisor if appropriate*]. The researchers are experienced (*Researcher qualifications and expertise relevant to the project should be included here*) *Xx* has a strong background in *(xx, along with several years of experience in xx. )*

This research is funded by (*list the funder (including Honours projects)/funding organisation – if no funding, sponsors or collaborators,* *then then delete this section*) ***add where appropriate****:* *This study is part of a national/international collaborative study coordinated by (Australian, Canadian etc – insert collaborators details)* This study is being sponsored by *(name of commercial or other entity and state any conflict of interest which one or more investigators may have)*

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| This research is funded by (*list the funder (including Honours projects)/funding organisation – if no funding, then delete this table.*)  |

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| This research is also being conducted by *(insert name of the collaborative research group, sponsor - insert name of commercial or other entity and state any* ***disclosure of interest*** *or financial benefits which one or more investigators, sponsors and institutions may have) - delete table if not applicable)* |

**3. Who can take part in this study?**

Participation in this study is subject to certain eligibility criteria:

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You are able to take part if (*Outline the inclusion criteria eg, age)*

You will not be able to take part if *(Outline the exclusion criteria eg diseases/conditions)*

(*Delete if screening is not required*) You will complete a screening questionnaire via a (*delete where necessary* *- online questionnaire, paper questionnaire, telephone or online interview.)* asking about (*insert details*). The screening questionnaire will determine if you are eligible to take part in this study. Completing the screening measures will take approximately (*insert expected time*). If you meet the criteria for inclusion, then you will *(insert as appropriate – be contacted by a researcher or be able to start the research project after providing informed consent).* If the screening questionnaire shows that you cannot be in the research project, (*explain what will happen e.g. you will exit the survey* *and all data collected about you will be deleted*)

**(NB. A screening tool can only be used once consent has been obtained and information provided about what will happen to this data, including for those who don’t meet the criteria)**

**4. What will I need to do to participate in this study??**

*Describe in lay terms and without jargon, what the project involves and what you expect the participant to do.*

**\*\* If asking the participant to do multiple activities, *consider using dot points or if relevant, tables that explain the process and incorporate the below information. Ensure to break up the paragraphs for readability, rather than a huge amountof information lumped together.***

If you decide to take part in this research, you will complete an online survey. The survey (or researcher) will ask you to answer questions about (*Indicate the nature of the activities in lay terms – i.e. types of questions asked and examples, what you want them to do, and if there are any follow up requirements)* It is anticipated the online survey will take approximately (*insert approximate time)* to complete. *(if there are follow-up surveys, describe how many and how and when they will be contacted*. To protect your identity, and in line with best practice, your data will be coded. (explain the process, especially if the code will be generated by the participant.

*If there are options for interviews or Focus Groups post-survey, then explain the details and the process. E.g. If interested in participating in an optional interview/Focus group, you will be asked to leave your contact details at the end of the survey, where a new screen/link will open where you can leave your contact details separate from the survey results.*

**5. Do I have to take part in this research?**

There is no obligation to participate in this research and if you do not wish to take part, you do not have to. Your participation is completely voluntary, and you may withdraw without consequence and explanation at any stage. Your decision to participate or not, or to take part and withdraw, will in no way affect your relationship with ACU or any parties involved in this research. (*If the participant is in a dependent relationship with any of the researchers e.g. students, then address this issue and add this statement to the last sentence above ‘or have any effects on your* *grades/employment/organisation’ or (list the names of organisations/funders if applicable).*

Before deciding to take part in this research study, please read the information carefully and feel free to ask questions, or to talk things over with a relative or friend (*or where relevant, a medical professional).* If you agree to participate in this study, you will be asked to complete an online Consent Form at the end of this document and to keep a copy of this form. *(If consent is conducted in writing or via another mechanism e.g., implied consent when via return mail or leaving in a box, verbally etc. adjust text accordingly).*

**6. Are there any risks associated with participating in this project?**

*Describe any risks associated with the project. If there are no foreseeable risks, you should state this rather than saying there are ‘no risks’ Every project contains some risk.*

Whilst there are no foreseeable risks, you may find *eg. some of the questions uncomfortable or distressing. (Insert what risks are applicable to your research and indicate how any risks will be mitigated or managed.)*

If you were to become distressed or upset by any of the questions, you can skip a question, take a break, or simply stop and close your browser, as this research is completely voluntary.

*If your study includes* ***illegal activity*** *or potential illegal activity, then insert: Any information that you provide can be disclosed only if (1) it is to protect you or others from harm, (2) if specifically allowed by law, (3) you provide the researchers with written permission. Any identifying information obtained for the purpose of this research project and for the future research described will be treated as confidential and securely stored. In the event illegal activity is disclosed, the researchers cannot guarantee that a third party could not use a legal process to gain access to the data (e.g. subpoena or search warrant);*

(Delete if not applicable) If you require support from someone not involved in this research, please contact the free service/s below: *provide support contact details for whatever is relevant to this research and appropriate to the country of research eg,* ACU student counselling if ACU students are the participants, or Beyond Blue if the research is about depression or anxiety, or an autism specific research contact such as Amaze.org.au etc

|  |  |
| --- | --- |
| E.g., ACU student counselling (ACU students only) | 1300 638 485 or text 0488 884 191 |
|  |  |

**7. Are there any costs or reimbursements involved?**

There are no costs to participating in this study beyond your time. (if applicable or delete where necessary)However, we will provide (provide details eg voucher or draw details) to reimburse you for your time. *Include information about how they can claim the reimbursement and provide details on how their contact details will be securely stored and managed.eg, “a new screen/link will open at the end of the survey where you can leave your contact details separate from the survey results.”*

***8*. What are the benefits of the research project?**

Although there may be no direct benefits to your involvement in this research, the benefits from this research may (*Describe the general realistic benefits of the project to the participant. Be careful not to overstate the benefits or provide unrealistic expectations.*

**9. Can I withdraw from the study?**

*Delete whichever option below is not applicable to your research project*

**Anonymous surveys** (delete if not applicable)

Participation in this study is completely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time without adverse consequences by closing the browser before submission, and your data will not be used for this study. (*In circumstances where data that has not been submitted is used, then a justification needs to be provided.)*

Once you have submitted the survey however, we will not be able to withdraw your responses, as the survey is anonymous.

*\*If using codes to link confidential data sets eg multiple surveys and the participants will still be unidentifiable to you, you will need to provide specific information about how the code will be self-identified, and for withdrawal, you will need to advise they need to quote their unique ID to withdraw, which will result in identifying who they are ( if emailing you for example).*

**Identifiable surveys** (delete if not applicable)

Participation in this study is completely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time without adverse consequences by closing the browser before submission, and your data will not be used for this study. Once you have submitted the survey, you can withdraw by contacting the researchers on the contact details below. If you decide to withdraw, your data will be deleted from the dataset.

 You can withdraw any of your data from the project up to the point we start data analyses (provide date). Then it will have been mixed in with lots of other people’s data and we cannot remove your specific data, *or before and during the review of the transcript up until this date (insert date or timeframe e.g.., 2 weeks after the interviews) (delete as applicable)* and your data will be deleted from the dataset.

**10. Will anyone else know the results of the project or have access to my information?**

Any information or personal details gathered during this study are confidential and will not be shared with third parties without your consent. *(Add if your research involves illegal activity – “unless meeting the specific requirements outlined under Point 6 above when research involves illegal activity”).* The data from this research project will only be accessible to the research team and will be shared and stored on the ACU secure servers (e.g. SharePoint, OneDrive or file servers) for 15 years *(20 years for clinical Trial after last action or when participants have reached 25 years of age, whichever is longer)* in a *(choose the applicable option below and delete where necessary)*

* *Identifiable format, where your identity will be known,*
* *Re-identifiable format where a unique identifying code will replace details such as your name, contact details, DOB,*
* *Non-identifiable format where your identity will remain unknown*.

*ACU will manage your personal information and share data in accordance with its Privacy Policy and, where applicable, international regulations, such as the EU/UK’s General Data Protection Regulation (GDPR).* In limited cases, your data may also be viewable to ACU systems/software staff and administrators to address IT issues. *(including, in some cases, third party software providers - if applicable, Insert who the third-party provider is e.g. app providers etc, outline who can access the data, if the data will be identifiable, and how it will be managed/deleted etc)*

*(optional text below – add as applicable to your research and ensure to include an optional consent option in the consent form. Delete where not applicable. E.g. if not using a data repository)*

With *your consent, data may also be used for future research or shared with collaborators or others [insert specific details] for the purposes of [insert specific details] and made available in a deidentified (identifiable) format, through a research data repository or open access arrangement [insert specific details] or could be reassessed by the researchers named on this study for future studies relating to [insert specific details].*

**11. Will I be able to find out the results of the project?**

The results of the study will be published *or reported (insert if applicable and where).* All information about you will be published in a way that will not identify you (or will identify you) in an aggregated format *(or other method). (if applicable, for identifiable surveys/procedures - provide information about individual results and feedback)* If you would like to receive a copy of the results, *or a plain English summary,* please contact a member of the research team listed below, *or you can provide an email address on the Consent Form.* We will only use these details to send you the results of the research.

*(The option to provide a copy and explanation to the participants about their assessment/outcome should be offered where applicable, and information about how/where this will take place provided)*

**12. Who do I contact if I have questions about the project?**

If you have any questions or concerns about the project, please contact a member/s of the research team below.

|  |  |
| --- | --- |
| **Name** | [INSERT full name]  |
| **Position** | [INSERT position title] |
| **Telephone** | [INSERT work telephone number] |
| **Email** | [INSERT work email address] |
| **Name** | [INSERT full name] |
| **Position** | [INSERT position title] |
| **Telephone** | [INSERT work telephone number] |
| **Email** | [INSERT work email address] |

***What if I have a complaint or any concerns about the research study?***

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 202X- insert 4-digit application number from ORION). If you have any complaints or concerns about the conduct of the project, you may email the Manager of Research Ethics and Integrity, the Office of the Deputy Vice Chancellor (Research and Enterprise) at [Resethics.manager@acu.edu.au](Resethics.manager%40acu.edu.au)

Any complaint or concern will be treated in confidence and reviewed and acted upon, as appropriate.

**13. I want to participate, what do I have to do?**

Submission of the online survey is an indication of your consent. By clicking ‘yes, I agree to participate’ after the Consent statement below and clicking the submit button at the end of the survey, you are providing your permission for the research team to collect and use information about you for the research study.

Yours sincerely,

**RESEARCHER NAME/S AND SIGNATURE/S**

* ***Please retain a copy of this information letter insert weblink or PDF***

**Consent Form – Survey**

**Declaration by the participant**

* I have read the Participant Information Sheet, or someone has read it to me in a language that I understand. I have had an opportunity to ask questions and I am satisfied with the answers I have received. I understand the purposes, study tasks and risks of the research described in the study and understand that I am free to withdraw at any time during the study, and withdrawal will not affect my relationship with any of the *insert* named organisations and/or research team members.
* I may exit the survey at any time by closing the survey ‘window’ on my device and there is no obligation to answer all questions or finish the survey.  If I exit the survey before submitting my responses, my responses will not be included in the research. (*In circumstances where data that has not been submitted is used, then a justification needs to be provided)*
* (*if anonymous data – delete if not)* I understand my responses to this survey are anonymous, and responses cannot be withdrawn after submission because they are not individually identifiable.
* *(If identifiable data – delete if not)* I understand my responses to this survey will be identifiable, and I can withdraw after submission by contacting the researchers on the contact details in the Participant Information Letter before this date *(insert date),* or prior to data aggregation (delete as applicable) and my data will be deleted from the dataset.

***The above information is compulsory (except where not applicable).***

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***\*\* Include as required from the below options or add as necessary to reflect what you have advised in the PICF. You may add extra options/tick boxes if mentioned in the PICF, ensuring to delete what is not relevant.***

* *By ticking this form, I consent to ACU collecting, using, and storing my personal information for the purpose of conducting research into (XXXX explain what the research is about).*
* *I consent to my personal information being shared with Third Party researchers (insert name) for the purpose outlined, but any further disclosure will not occur without consent or authorisation from me, or as required by law.*
* *If GDPR applies to me, I consent to transferring and storing my personal information in Australia.*
* *I acknowledge and I am aware of the risks associated with disclosing illegal activity, as stated in the PICF.*
* *I consent to my research data, as described at section 10 of this document, being used for future research, and being shared by the research team and its collaborators. Only data that is specific to the aims of this research, an extension of, or closely related to, will be used. All information will be shared in a format that will not identify me in any way.*
* *I agree to the Collection of health data (insert type e.g. diet diary information etc).*
* *I would like to use a pseudonym, rather than my name, in any publications and presentations related to this project.*
* *I would like to receive a copy of the study results or a summary via email or post, and I have provided my personal details below for this purpose only.*
* *I consent to being identifed in publications relating to this research,* *and acknowledge the risks associated with identification.*
* *I agree to my name and contact details to be retained in a register* *, so that the researchers can contact me about pariticpating in future research projects*
* clicking ‘yes, I agree to participate’ below, will open the survey. Are you happy to proceed?

|  |
| --- |
| yes, I agree to participate. Insert link to survey |

**\*\*\*\* DELETE ALL THE BELOW INFORMATION AFTER READING as this information should be added at the end of the survey!**

**At the very end of the survey (not this consent form), provide the following information as applicable (and DELETE ALL THIS INFORMATION below from the consent form)\*\***

**If an anonymous survey:**

Submitting your survey responses is considered consent to participate.  Responses cannot be withdrawn after submission because they are not identifiable.

|  |
| --- |
| SUBMIT  |

(Focus Group/interview sign up) (if applicable – delete where necessary)

* If you would like to participate in a follow-up Focus Group/interview, please click on 'yes' below to leave your contact details/Expression of interest. You will be taken to a new screen/link separate from your responses, so that your survey remains anonymous.

|  |
| --- |
| yes Insert link to new screen |

**If an identifiable survey:**

Submitting your survey responses is considered consent to participate.  After submission, responses can be withdrawn by contacting the researchers on (insert details) by this date (insert date)

|  |
| --- |
| SUBMIT |

**Reimbursement/voucher**

Please click on 'yes' below *(delete as necessary) to be included in the draw for the chance to win/ for the voucher of (provide details)* You will be taken to a new screen/link separate from your responses, so that your survey remains anonymous.

|  |
| --- |
| yes Insert link to new screen |

**\*\**Optional insert if applicable (delete what is not required*)**

(if applicable) I would like to receive a copy of the study results via email or post, I have provided my contact details below and ask that they be used for this purpose only.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**