**Oral Consent script for participant Consent**

Do you provide your permission for me to audio record your agreement for consent?

***If yes, start audio recording before asking the questions below and also enter information in the Oral consent log for verbal consent when completed:***

1. Please confirm that I have provided you with a verbal description of what the research involves and you understand the purposes, study tasks and risks of the research described in the study.
2. Please confirm you understand you are free to withdraw at any time during the study, and that identifiable data will be deleted, and withdrawal will not affect your relationship with any of the *insert named organisations and/or* research team members.

(insert, *if anonymous data)* I understand my responses to this survey/*or study* are anonymous, and responses cannot be withdrawn *after submission* because they are not individually identifiable.

1. Please confirm that you have had an opportunity to ask questions and are satisfied with the answers received.
2. Do you agree to provide your consent to take part in this research study?
3. Please state your name, the time, and the date for the recording.
4. End this recording of consent process.

***[If applicable, ensure a new recording is to be commenced for the data collection so that the identifiable consent can be securely stored separately to the interview/questionnaire data]***

***If the participant does not want the consent process to be recorded, a witness can confirm the consent process, and enter information in the Oral consent log for verbal consent:***

1. Please confirm that I have provided you with a verbal description of what the research involves and you understand the purposes, study tasks and risks of the research described in the study.
2. Please confirm you understand are free to withdraw at any time during the study, and that identifiable data will be deleted, and withdrawal will not affect your relationship with any of the *insert named organisations and/or* research team members.

(insert, *if anonymous data)* I understand my responses to this survey/*or study* are anonymous, and responses cannot be withdrawn *after submission* because they are not individually identifiable.

1. Please confirm that you have had an opportunity to ask questions and are satisfied with the answers received.
2. Do you agree to provide your consent to take part in this research study?
3. Please state your name, the time, and the date for the recording.

***## See additional optional options below for specific issues relating to your research study and insert where applicable. Ensure the Verbal Consent log is completed and kept for your records (included at the end of this document).***

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

 ***Include as required from the below options or add as necessary to reflect what you have advised in the Full Participant Information Letter. You may add extra options if mentioned in the PIL, ensuring to delete what is not relevant.***

* *Do you agree for your data from this research to be used for future research, and understand information will be shared in a format that will not identify you?*
* *Do you agree to the Collection of (insert type e.g., specific Biospecimens, blood pressure, diet diary information etc)?*
* *D you agree to this interview/focus group/ research activity being audio/recorded (delete what doesn’t apply)?*
* *Would you like to use a pseudonym, rather than your name, in any publications and presentations related to this project?*
* *Would you like to receive a copy of the study results via email or post, and understand my personal details will be used for this purpose only?*
* *Do you agree to provide my consent to be identifed in publications relating to this research?*
* *Do you provide consent for your name and contact details to be retained in a register to be contacted about other research projects in the future?*

***Privacy Consent for personal information (name, address, email addresses, phone numbers DOB etc) (delete from below what is not applicable to your research)***

* *Do you consent to ACU collecting, using, and storing my personal information for the purpose of conducting research into (XXXX explain what the research is about)?*
* *Do you 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 by law?*
* *If GDPR applies to me, do you consent to transferring and storing your personal information in Australia?*

**Verbal Consent Log**

**Name of Principal Investigator:**

**Student:**

**Ethics id:**

**Participants name:**

**Date:**

Please ensure the Verbal Participant Information Letter and verbal consent has been followed and read aloud to the participant, before completing this Log by the researcher or other authorised PERSON on behalf of (insert study title)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant understood information sheet | Participant consents to procedure | Participant consents to hearing about the outcome of the study | Participant consents to being contacted again for future studies | Participant consents to (if applicable insert e.g. be re-contacted for an interview) | Time obtained | Date Obtained | Method / Place consent gained | Obtained by (Name) | Obtained by (Signature) | Notes, issues or questions raised by caregiver |
|  |  |  |  |  |  |  |  |  |  |  |
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