

CONSENT FORM FOR (INSERT NAME of Participant Group)

RESEARCH TITLE:

RESEARCHER/S:

I have been given information about *research title* and had an opportunity to ask *researcher's name* any questions I may have about the research and my participation.

If I have any enquiries about the research, I can contact (*insert names of researcher and supervisor (if student researcher) and their contact phone numbers*) or

By signing below I am indicating my consent to (please tick):

- * Brief account of how the research involves the participant e.g. take part in an interview/focus group
- * etc
- *

I understand:

- that participation involves the risk of ...
- that the data collected from my participation will be used for *purpose (eg thesis, journal publication, placed in a databank to be used ...)*, and I consent for it to be used in that manner.
- that if I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the University of Wollongong Ethics Officer.

Signed

Date

.....

...../...../.....

Name (please print)

.....

CONSENT FORM FOR UNIVERSITY STUDENTS

Research Title: Promoting reflective thinking in a distance education health services management subject: A case study

Researcher: John Peters

I have been given information about “*Promoting reflective thinking in a distance education health services management subject: A case study*”. I have discussed this research project with John Peters, the subject coordinator of HSM603 Perspectives on Health Care Systems offered by Wollongong University. This is part of a PhD degree supervised by Dr George Rolls from the School of Education at the University of Wollongong.

I understand that, if I consent to participate in this project, I will be asked to allow copies of my print and electronic communications in HSM403 Perspectives on Health Care Systems, including my reflective journal and forum contributions, to be used in the study. I also consent to participate in a survey and interview to be conducted by a research assistant after the academic session has concluded. I understand that my contribution will be confidential and that there will be no personal identification in the data that I agree to allow to be used in the study. I understand that there are no potential risks or burdens associated with this study.

I have agreed to provide an electronic copy of my reflective journal for retention for the purposes of the study, which will be stripped of personal identifiers and coded by the research assistant prior to any analysis. I have had an opportunity to ask John Peters any questions I may have about the research and my participation. I understand that my participation in this research is voluntary, I have been invited to participate and I am free to withdraw from the research at any time. My non-participation or withdrawal of consent will not affect my relationship with the School of Education at the University of Wollongong in my course/program of study in health services management.

If I have any enquires about the research, I can contact John Peters (02) 4238 4756 and/or Dr George Rolls 4221 4450. If I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, University of Wollongong on +61 2 4239 2191 or email uow-humanethics@uow.edu.au

By signing below, I am indicating my consent to participate in the research. I understand that the data collected from my participation will be used primarily for a PhD thesis, and will also be used in summary form for journal publication, and I consent for it to be used in that manner.

Signed

Date

.....

...../...../.....

Name (please print)

.....

CONSENT FORM FOR CHILDREN

Research Title: The use of “Computer Animation” as a teaching strategy to assist primary school children in their understanding of fractions.

Researcher's Name:

I have read the participation information sheet and have had the opportunity to ask the researcher any further questions I may have had. I understand that my participation in this research is voluntary and I may withdraw at any time from the study without affecting my treatment at school in any way.

I understand that the risks to me are minimal in this study. I have read the information sheet and asked any questions I may have about the risks. I understand that I will be involved in three individual, 30 minute audio recorded interviews and that photographs will be taken of my work. My name will not be used to identify my comments or work in the study.

If I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, University of Wollongong on +61 2 4239 2191 or email uow-humanethics@uow.edu.au.

By signing below, I am consenting to (please tick):

- * Participating in a series of lessons using computer animation in my classroom with my teacher.
- * Having three audio recorded interviews for 30 minutes each with the researcher asking me about my work and learning experiences.
- * Having copies and photos of my work taken for work samples demonstrating the use of ‘computer animation’ to teach a Mathematics concept. (The photographs will only be of my work and not of me.)

I understand that information from me will be used for a thesis and possibly other published studies, and I consent for it to be used in this manner.

I give permission for my child _____ to participate in this research.
(child's name)

Parent/ Guardian Signature _____ Date _____

Name (please print) _____

Child's signature _____