

Consent Form

Department of Audiology & Speech Pathology, Melbourne School of Health Sciences; Faculty of Medicine, Dentistry & Health Sciences



Project: Exploring the support needs of parents/carers of young children with Usher syndrome.

Responsible Researcher: Associate Professor Karyn Galvin (University of Melbourne).

Additional Researchers: Associate Professor Lauren Ayton (Co-investigator); Ms Emily Shepard (Associated Personnel); Ms Lauren Johansen (Associated Personnel); Ms Lisa Kearns (Co-investigator); Ms Fleur O'Hare (Co-investigator); Dr Lemuel Pelentsov (Co-Investigator).

Name of Participant: _____

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.
2. I understand that the purpose of this research is to increase knowledge of support needs for parents/carers of young children with Usher syndrome.
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project I will be required to participate in an interview and discuss my experiences and support needs as the parent/carer of a child with Usher syndrome.
6. I understand that my interviews will be audio and videorecorded.
7. I understand that my participation is voluntary and that I am free to withdraw from this project at any time without explanation or prejudice and to withdraw any unprocessed data that I have provided.
8. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed 5 years after publication; this includes the audio/video recordings of myself
9. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers.
10. I understand that, given the small number of participants involved in the study, it may not be possible to guarantee my anonymity.
11. I understand that after I sign and return this consent form, it will be retained by the researcher.

Participant Signature: _____ **Date:** _____