

Health Design Lab

LGBTIQA+ Safe Healthcare



PARTICIPANT CONSENT

Please read the information below and complete the form to give your consent to participating in the research project.

In giving my consent, I acknowledge that:

1. I understand the purpose of the project described in the invitation email.
2. The procedures required for the project and the time involved have been explained to me in a language that I understand, and any questions I have about the project have been answered to my satisfaction.
3. I understand that my involvement in this study is not part of an official consultation with the Department of Health and Aged Care. I understand that my involvement is about my personal perspectives and experience, and not representative of an official position.
4. I understand that being in this study is completely voluntary – I am not under any obligation to consent.
5. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.
6. I understand that I can withdraw from the study at any time if I do not wish to continue and request my contribution not be included in the study. I understand that doing so will not affect my relationship with the researcher(s) or the Australian Government Department of Health and Aged Care now or in the future.

I consent to:

- | | | |
|--|-----|----|
| · Audio and video recording/s of the research interviews: | Yes | No |
| · Use of anonymous (de-identified) quotes from the research interview: | Yes | No |
| · Photos of the health care facility: | Yes | No |

PRINTED NAME

SIGNATURE

DATE / /

