

Participant Consent Form

Project Title: Exploring and understanding LGBTIQ+ allyship

Participant Consent Script (Written)

Principal Investigator(s): Dr Ryan Storr [add co-investigators, if applicable].

Hi, you have chosen to have me discuss your consent options for participating in this research.

1. You consent to participate in the project named above. You have been provided a copy of the project consent information statement to which this consent form relates and any questions you have asked have been answered to my satisfaction.

2. ***Do you agree to the following:***

▪ Agree to be interviewed by the researcher	Yes	No
▪ Agree to allow the interview to be recorded by electronic device	Yes	No

3. Do you acknowledge that:
 - (a) Your participation is voluntary and that you are free to withdraw from the project at any time without explanation, and to withdraw your interview data up to three (3) months after your interview;
 - (b) the Diversity Storr project is for the purpose of research, and **you will be compensated for your time with a \$50 voucher.**
 - (c) any identifiable information about you which is gathered in the course of and as the result of my participating in this project will be (i) collected and retained for the purpose of this project and (ii) accessed and analysed by the researcher(s) for the purpose of conducting this project;
 - (d) You understand the length of time researcher/s will have access to this information (up to 5 years after publication);
 - (e) Your anonymity is preserved and you will not be identified in publications or otherwise without your express written consent.

By stating 'I Agree' you consent to participate in this project.

Name of Participant:

Signature & Date: