

## BIRTHING ON COUNTRY: RISE SAFELY in RURAL AUSTRALIA

# INDIVIDUAL CONSENT FORM

PROJECT TITLE	Birthing On Country: Rise Safely in Rural Australia
HREC REFERENCE NUMBER:	AH&MRC HREC (Reference: 2185/23)
PRINCIPAL INVESTIGATOR	Prof Yvette Roe, Prof Sue Kildea, A/Prof Elaine L�awurrpa Maypilama, Prof Roianne West, Dr Sarah Ireland, A/Prof Yu Gao, Prof Sue Kruske
ASSOCIATE INVESTIGATORS	Ms Melanie Briggs, Ms Cleone Wellington, Ms Faye Worner, Dr Rebecca Coddington, Ms Kathleen Taylor
INSTITUTION RESPONSIBLE FOR THE RESEARCH	Molly Wardaguga Research Centre, Charles Darwin University
PROJECT SPONSOR/FUNDER	Medical Research Future Fund (MRFF), The Australian Federal Government
SITE	Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation

I, \_\_\_\_\_ (participant name) have consented to participate in the about research project on the following basis:

1. I have received the Participant Information Sheet and have had the opportunity to ask questions about it. I understand what this project is about and my involvement in it.
2. I understand First Nations knowledge will remain owned by First Nations people. Researchers will seek final approval for public use of First Nations knowledge from the Waminda Cultural Committee. The project will always acknowledge First Nations ownership of this knowledge.
3. I know that I can request an interpreter to help me communicate between languages. If we work with an interpreter, I understand they will hear my stories, I know interpreters follow strict rules to keep my information private.
4. I understand that if I become upset or sad during participation I can stop. If this happens, researchers will be caring and show respect, and will help me to get support.
5. I understand that I can walk-away (withdraw) from the project at any time and nothing bad will come of it. This will not affect any services that I receive or my relationship with the research team. Depending on when I walk-away, some of my contributions may be used without my name.
6. I agree to share my stories, knowledge, and experience of maternity care one-on-one with the researchers (*please circle*) YES / NO

An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

7. I agree to share my stories, knowledge, and experience of maternity care in a group. I understand that the researchers will do their best to protect my confidentiality, but there is a small risk that other people in the group could talk about me outside of the group (*please circle*) YES / NO
8. Any information I provide during this research will remain confidential, unless I want to be publicly identified. Where the results of the research are published, my involvement and my personal results will not be identified, unless I want to be publicly identified.
9. If I want to, I agree for my name to be publicly identified in the project (*please circle*) YES / NO
10. I agree for voice recordings (*please circle*) YES / NO
11. I understand that researchers may use results to share deep stories about the project, such as presentations at conferences and in journal articles.
12. I understand that researchers will negotiate with the Waminda Cultural Committee and project governance groups about the best ways to document and give back research information to the community and stakeholders.
13. I would like the opportunity to review my interview transcript (*please circle*) YES / NO
14. I would like the opportunity to review the draft research findings (*please circle*) YES / NO

**15. I understand that if I have any complaints or questions concerning this research project, I can contact the Chief Investigator, the Executive Leadership Team of Waminda, or the Chairperson of the AH&MRC Ethics Committee as follows:**

The Chairperson  
 AH&MRC Ethics Committee  
 Harvey Street Little Bay  
 NSW 2036 Australia  
 Email: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au)  
 Telephone: (02) 9212 4777

<b>Participant Name:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Witnessed by:</b>	<b>Date:</b>

**Declaration by Researcher†:** I have given a verbal explanation of the research project, in lay terms; its procedures and risks and I believe that the participant has understood that explanation.

<b>Researcher Name:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Witnessed by:</b>	<b>Date:</b>

An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.