 Education Futures Unit

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| *This project has been approved by the University of South Australia’s Human Research Ethics Committee. If you have any*  *ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email:* [*humanethics@unisa.edu.au*](mailto:humanethics@unisa.edu.au) | | | | | | | |
| **SECTION 1:** CONTACT AND PROJECT DETAILS | | | | | | | |
| Researcher’s Full Name: | | | | |  | | |
| Contact Details: | |  | | | | | |
| Supervisor’s Full Name: | | | | N/A | | | |
| Contact Details: | |  | | | | | |
| Protocol Number: | | | 204652 | | | | |
| Project Title: | Researching While Teaching Project | | | | | | |
| **SECTION 2:** CERTIFICATION | | | | | | | |
| Participant Certification | | | | | | | |
| In signing this form, I confirm that:   * I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part. * I understand the purpose of the research project and my involvement in it. * I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future. The data of the participants who choose to withdraw at any stage will be excluded from the project. * I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential unless required by law. * I understand that there will be an audio-recording of the interview. * I understand that all forms of data will be stored in a secure filing cabinet in the Deputy Head of College’s office for a period of five years in accordance with the Australian Code for Responsible research, and with institutional policy of the University of South Australia. The Chief investigator will have access to this filing cabinet and has authority to determine which members of the research team may access the information for the purposes of this project unless required by law. | | | | | | | |
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Participant Signature Printed Name Date

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| Researcher Certification | | |
| I have explained the study to subject and consider that they understand what is involved. | | |
| *Researcher Signature* | *Printed Name* | *Date* |