**Participant Information Sheet and Consent Form CHECKLIST**

This checklist is supplied for use as an additional means of ensuring all aspects of the proposed study have been considered and adequately detailed before submission to a reviewing Committee. A copy should be attached to the original application form for the reviewing Committee to support your submission.

Project Title:

Principal Investigator:

**Participant Information Sheet** (PIS)

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | IF NO, WHY? |
| 1. Version for each participant  group *(if applicable)* |  |  |  |
| 2. On letter-headed paper  *(if applicable)* |  |  |  |
| 3. Full title of project |  |  |  |
| 4. Lay title of project  *(if applicable)* |  |  |  |
| 5. Names, positions, &  affiliations of all investigators |  |  |  |
| 6. Clear purpose of study |  |  |  |
| 7. Non-technical language -  appropriate lay language and length for PIS |  |  |  |
| 8. Details of participation/  procedures |  |  |  |
| 9. Duration of participation |  |  |  |
| 10. Location for participation |  |  |  |
| 11. Risks outlined  *(% explanation needed?)* |  |  |  |
| 12 Benefits to participants |  |  |  |
| 1. What support if something goes   wrong |  |  |  |
| 14. Statement that participation is  entirely voluntary and that  participants are free to withdraw  without penalty |  |  |  |
| 15. Assurance of confidentiality |  |  |  |
| 16. Access to results |  |  |  |
| 17. Debriefing |  |  |  |
| 18. Reimbursement to participants (*if*  *any*) |  |  |  |
| 19. Contact details for further  questions |  |  |  |
| 20. Ethical Clearance Paragraph  *(refer below)* |  |  |  |

**University of Queensland Ethical Clearance Paragraph**

The following paragraph is to be incorporated into all Participant Information Sheets given to participants in human research:

"This study adheres to the Guidelines of the ethical review process of The University of Queensland and the *National Statement on Ethical Conduct in Human Research*. Whilst you are free to discuss your participation in this study with project staff (contactable on .......................), if you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Coordinators on +617 3365 3924 / +617 3443 1656 or email [humanethics@research.uq.edu.au](mailto:humanethics@research.uq.edu.au)."

**Participant Consent Form** (PCF)

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | IF NO, WHY? |
| 1. Version for each participant  group *(if applicable)* |  |  |  |
| 2. Full title of project |  |  |  |
| 1. Lay title of project   *(if applicable)* |  |  |  |
| 4. Names, positions, &  affiliations of all investigators |  |  |  |
| 5. Provision of space for full  name of participant |  |  |  |
| 6. Written declaration of  informed consent, eg,  “*I have read/“I understand…*” |  |  |  |
| 7. Freedom to withdraw  without penalty |  |  |  |
| 8. Assurance of confidentiality |  |  |  |
| 9. Provision for signature of  participant and date |  |  |  |
| 10. Provision for signature of  parent/guardian, relationship to  Participant, and date (*if*  *applicable*) |  |  |  |