

Consent Form - Child

School of Languages and Linguistics, Faculty of Arts



Project: Learning to think and talk about events

Project Supervisor: Dr Rebecca Defina

Tel: +61 428 161 495 Email: rebecca.defina@unimelb.edu.au

Additional Researchers:

Dr Peter Hurst Email: pthurst@unimelb.edu.au

Ruby Mineur Email: r.mineur@unimelb.edu.au

Dr Viviana Sastre Gomez Email: v.sastregomez@unimelb.edu.au

Umatji Tjitayi Email: umatjititayi424@gmail.com

1. A researcher has explained the work they want to do with me.
2. I have been given a Plain Language Statement to keep.
3. I understand that the purpose of this research is to better understand how people learn to organise and tell stories.
4. I will be asked to look at pictures and tell the story shown. I will also be asked to watch videos and mark when each part ends. This should take less than an hour.
5. I understand that I will be recorded with microphone and video camera.
6. I understand that this is for research purposes only, for the researchers' jobs at the University of Melbourne.
7. I want to do this work.
8. I know that I don't have to do this and can stop at any time. I do not have to say why. If my data has not been used yet, I can tell them not to use it.
9. I know that my name will not be used in this research and that the research will report general findings, not about me specifically.
10. I know that my data and recordings will be password protected and only seen by the researchers listed above (within legal limitations) unless I say it's ok.
11. I want a copy of the recording: YES NO
12. I allow the researchers to use short clips or photos which do not show my face to help explain things in written reports and presentations: YES NO
13. I am happy for the researchers to use my data for other projects about how people learn language and how they structure stories: YES NO

14. I understand that the data will be kept at the University of Melbourne for 30 years and then destroyed.

15. I want my recordings to be kept safe at AIATSIS and never destroyed:

YES NO

Restrictions (please circle):

Only Family Only Researchers Anyone

Only after ___ years

Other.....

16. I understand that after I sign this consent form, it will be kept by the researcher.

Children, write your name here to agree _____

(Optional)

Caregiver consent:

I am a parent/guardian of (participant's full name) _____
and I give my consent for them to participate in this research as described above

Name: _____

Signature: _____ **Date:** _____