**Creating out loud:**

**Developing sustainable peer-mentoring to rebuild the arts post COVID-19.**

***You are making a decision whether or not to participate in this study. Your signature indicates that, having understood the information provided, you have decided to join the study.***

***if you agree with the following statements, please enter your name and contact information,***

***and sign this form, on the other side of this page.***

I, ***(please write your name here)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the Participant Information Sheet, and I agree to take part in the study called “Creating out loud: Developing sustainable peer-mentoring to rebuild the arts post COVID-19.”

I hereby confirm that:

1. The goals and procedures of this project have been explained to me. I have also received the Participant Information Sheet and asked any questions I had about the study. This information enabled me to make a fully-informed and free decision to participate in this study.
2. I voluntarily agree to participate in this study as described in the Participant Information Sheet.
3. I agree to being audio-recorded, and I understand that this recording will be entered into a computer and stored in a secure location until it can be transcribed and analysed. I also understand that Individual Interviewparticipants will have an opportunity to review and edit their interview responses prior to data analysis. However, in order to protect participants’ confidentiality, Focus Group audio-recordings and transcripts will not be provided.
4. I understand that my Focus Group and/or Individual Interview recording(s) will be destroyed once it has been transcribed and analysed.
5. I understand that Dr Power will keep confidential any personal data, as far as possible within the law, and that I will not be identifiable in any report or publication about this study without my consent.
6. I agree to maintain the confidentiality of other participants, but I understand that Dr Power cannot guarantee other participants will maintain my confidentiality.
7. I understand that I am free to skip any questions and/or to leave my Peer-Mentoring Circle, Focus Group or Individual Interview at any time, without penalty and without needing to provide a reason. I understand that I can also withdraw my Pre- and Post-Survey responses from this study, and/or withdraw from the entire study, at any time.
8. I understand that Dr Power will present the findings from this study in academic publications and a report provided to governments, partner organizations, other non-government organizations working to support the arts, and to the media.
9. I understand that any publications and de-identifieddata resulting from this study will be made available via UQ’s institutional repository, UQ eSpace. I understand that my de-identified data may be reanalysed by Dr Power at a later date, and/or made available to other genuine researchers.
10. I have been told that I may contact the Chief investigator if I have any questions about this study. I have also been told that I may contact The University of Queensland Ethics Coordinators if I wish to make a complaint.

I also hereby confirm that:

* I want to participate in ***(please select all that apply)***:

|  |  |
| --- | --- |
| A Peer-Mentoring Circle | 🞎 |
| A Pre- and Post-Survey | 🞎 |
| A Focus Group | 🞎 |
| An Individual Interview | 🞎 |

* I **do / do not** ***(please select one)*** want to be identified in the results of this study.
* I **would / would not** ***(please select one)*** like Dr Power to send me a copy of the research findings.
* I understand that Dr Power will only use my contact detailsprovided below to communicate with me about this study, and to send me a copy of the research results (if I indicated above that I want them).

***Participant granting consent:***

**Full Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Email or postal address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Telephone Number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred pseudonym: *(if you do not wish to be identified)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Research team member obtaining consent:***

I, Dr Kate Power, hereby confirm that the person named above has acquired a full understanding of the research study and has freely consented to participating in the study.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief investigator: University of Queensland Ethics Coordinators:**

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