

Participant Consent Form



Growing, Leading and Sustaining Evidence-Informed Practice in Schools

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Participant Name _____

I agree to take part in this research study. In giving my consent, I confirm that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the study is to investigate how schools grow, lead and sustain evidence-informed practice.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I will be required to attend a 45-60 minute Teams interview where I reflect upon how evidence-informed practice is demonstrated and sustained in my school.
- I understand that in this study artefacts may be collected such as whole-school programs that demonstrate the use of evidence-informed practice.
- I understand that my participation in the Teams interview will be recorded.
- I understand that my participation may involve an observation based in my professional setting where notes will be recorded. For example, a staff meeting. No students will be observed throughout this study. Observations will go for 45-60 minutes.
- I understand that I will not be identifiable, nor my school. My data will not be shared with any third parties.
- I understand that being in this study is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney, the Association of Independent Schools New South Wales, or my school.
- I understand that I am free to withdraw from this study at any time and that I can choose to

withdraw any information I have already provided (unless the data has already been de-identified or published).

- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I confirm the following:

I consent to audio and video recordings Yes No

I would like to review my interview transcripts Yes No

I consent to the observation and the collection of artefacts Yes No

I would like feedback on the overall results of this study Yes No

If you answered **yes**, please provide your preferred contact details (email/telephone/postal address):

- I understand that after I sign and return this consent form it will be retained by the researchers, and that I may request a copy at any time.

Participant Name _____

Signature _____

Date _____