

Parent/Guardian Consent Form

Research study: Implications of the HSC serving dual purposes, secondary exit and tertiary entrance.

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Participant Name

**Parent/Guardian
Name**

I agree my child or the person under my care may take part in this research study.

In giving my consent, I confirm that that:

- The details of any involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of this study is to investigate perceptions of the dual purposes of the HSC and how these perceptions impact students' stress levels and preferences for system improvements.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that this study will require the child/person under my care to participate in a 30-minute interview.
- I understand that participation involves audio recording on a phone.
- I understand that being in this study is completely voluntary.
- I am assured that my decision will not have any impact on any relationship with the research team or the University of Sydney or any other school I am affiliated with.
- I understand that myself and/or my child or the person under my care are free to withdraw from this study at any time and can choose to withdraw any information already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information provided by myself and/or my child or the person under my care will be protected and will only be used for purposes that have been agreed to. I understand that information identifying myself and/or my child or the

person under my care 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 any identifiable information about myself and/or my child or the person under my care.

- I confirm the following:

I consent to recordings (audio)

Yes ☐ No ☐

I consent to reviewing interview transcripts

Yes ☐ No ☐

I consent to being contacted for future studies

Yes ☐ No ☐

I would like feedback on the overall results of this study

Yes ☐ No ☐

If you answered **yes** to receiving feedback or being contacted in future, 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 researcher, and that I may request a copy at any time.

**Parent/Guardian
Name**

Signature

Date

☐ Parent

☐ Carer

☐ Legal guardian

☐ Other