

Participant Consent Form

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

Jim Tognolini (Responsible Researcher)

Professor and Director of the Centre for Educational Measurement and Assessment at the University of Sydney

Phone 1800 793 864 | Email: jim.tognolini@sydney.edu.au

Bianca Aiello (Honours student) | Email: baie7618@uni.sydney.edu.au

Participant Name _____

I agree to take part in this research study. In giving my consent, I confirm that 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 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 in this study I will be required 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 to participate will not have any impact on my relationship with the research team, the University of Sydney or any other school I am affiliated with.
- 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 identifying 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 recordings (audio)

Yes ☐ No ☐

I consent to reviewing my 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.

Participant Name

Signature

Date
