**Human Research Ethics Committee (HREC) – Consent Form World Cafe**

1. I have read the attached **Participant Information Sheet** and agree to take part in the following research project:

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| --- | --- |
| **Title:** | **Restoring the Fair Go Research Program** |
| **Ethics Approval Number:** | **H-2023-099** |

1. I have had the project, and the potential risks and burdens of participation, fully explained to my satisfaction by a member of the research team. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.
2. Although I understand the purpose of the research project is to improve our understanding of the drivers of health inequities in Australia, it has also been explained that my involvement may not be of any benefit to me.
3. I agree to participate in the World Cafe according to the terms outlined in the **Participant Information Sheet**.
4. I agree to be audio and video recorded during the workshop: ☐ Yes ☐ No
5. I understand my participation is voluntary and that I am free to withdraw my participation. I understand that any choice I make about participating in or withdrawing from the project will not be communicated to my employer. However, I understand once I have participated in the World Café it is not possible to remove individual data from the transcript, and that the transcript can only be de-identified.
6. I have been informed that the information gained in the project may be published in a project report, journal article and/or conference presentation.
7. I have been informed that in the published materials I will not be identified and any personal information that could identify me will not be divulged. I have been informed as the World Café is a group discussion, anonymity cannot be assured and that while I will not be named in the published materials, there may be some residual risk of me being identified by association, and that in those cases the research team will seek my permission to publish the material in question.
8. I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.
9. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Participant Information Sheet.

Participant to complete:

Name: Signature: Date:

*Please complete and sign this form and return an electronic copy to* *connie.musolino@adelaide.edu.au*