**APPENDIX C3: CONSENT FORM FOR FAMILIES/CARERS**

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| **HREC Project Number:** | HRE2017-0245 |
| **Project Title:** | The Development and Evaluation of a Social Skills Group Training for Australian Children on the Autism Spectrum  |
| **Principal Investigator:** | Associate Professor Sonya Girdler |
| **Version Number:** | 1 |
| **Version Date:** | 18/03/2019 |

* I have read the information statement version listed above and I understand its contents.
* I believe I understand the purpose, extent and possible risks of my involvement in this project.
* I voluntarily consent to take part in this research project.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I understand that this project has been approved by Curtin University Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007).
* I understand I will receive a copy of this Information Statement and Consent Form.

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| * **I do**
 | * **I do not**
 | Consent to my child being video recorded during at least three KONTAKT sessions  |
| * **I do**
 | * **I do not**
 | Consent to being texted during KONTAKT  |
| * **I do**
 | * **I do not**
 | Consent to being emailed about new research in the ASD field |
|  |  |  |

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| --- | --- |
| Participant Name |  |
| Participant Signature |  |
| Email Address |  |
| Contact Phone Number |  |
| Date |  |

Declaration by researcher: I have supplied an Information Letter and Consent Form to the participant who has signed above, and believe that they understand the purpose, extent and possible risks of their involvement in this project.

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| Researcher Name | Bahareh Afsharnejad |
| Researcher Signature |  |
| Date |  |