**CONSENT FORM**

|  |  |
| --- | --- |
| **HREC Project Number:** | To be included post ethics approval |
| **Project Title:** | Does TRANSITION program support the transition to adulthood for young adults with autism in Australia?  |
| **Chief Investigator:** | Professor Sonya Girdler |
| **Co-investigators:** | Dr Melissa Scott (Grobler)Dr Ben MilbournJulia Tang |
| **Version Number:** | 1 |
| **Version Date:** | 12.08.2019 |

* I have read the Participant Information Sheet provided 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.

**Optional consent:**

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to you using any data I provided before withdrawing from the study, if relevant |

|  |  |  |
| --- | --- | --- |
| [ ]  I do | [ ]  I do not | consent to be contacted about future research projects that are related to this project |

If yes, please provide your contact details below:

|  |  |
| --- | --- |
| Participant Name |  |
| Contact Number |  |
| Email |  |

**Signatures:**

|  |  |
| --- | --- |
| Participant Name |  |
| Participant Signature |  |
| Parent/Guardian Signature *(if applicable)*  |  |
| 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.

|  |  |
| --- | --- |
| Researcher Name |  |
| Researcher Signature |  |
| Date |  |