



Deadly Koolinga Chef Program - Cooking Classes and Research Project

Consent Form Adolescent / Pregnant Women or Breastfeeding Mother Parent / Carer

[Cross out if 18 years or over]

- I would like to be involved in this project [and have discussed my involvement with my parent(s) / guardian]. *[where a adolescent is older, they are usually able to give consent in their own right without parent / guardian consent]*
- I understand that I will be taking part in the cooking and nutrition workshops and completing some questionnaires, joining in the group yarning, and doing some artwork as part of the project.
- I am happy for you to tape record or video record sessions with me
 Yes No
- I am happy for you to take my photograph
 Yes No
- I understand that tape recordings or video recordings of me will not be given to anyone else.
- I understand that photographs of me will only be used without my name in the reports or articles
- I understand I am free to stop doing the cooking workshops and or withdraw from the questionnaires, yarning and or artwork at any time without needing to provide any explanation.
- I understand that nothing about me will be given by the researchers to anybody else except where the law says they must.

Participant's name: _____

Participant's signature: _____ Date:/...../.....

I confirm that I have provided the Information Letter concerning this study to the participant and parent / guardian. I have explained the nature and purpose of the study and have answered all questions asked of me.

Name of researcher or authorised research member: _____

Signature of researcher or authorised research member: _____

Date:/...../.....