

Children's Health Queensland Hospital and Health Service Participant Consent Form (Parent/Guardian Version)

Participant ID Number: _____

Project Title: A mixed methods randomised control trial of Telehealth Program for the Education and Enrichment of Relational Skills (PEERS®) for teens with acquired brain injury and cerebral palsy.

HREC Reference number: HREC/22/QCHQ/89593

Parent/Guardian

I have read the above information. I have asked all of my questions and received answers. I agree to enroll in the following parts of this study with my child.

- The therapy and assessments
- The video recording of the group sessions for evaluation purposes
- The use of the video recording of the group sessions for future training and education of other researchers and health professionals

Signature

Date

Print Name

Parents/guardians you can provide your consent, and authorise your child's research activity participation, by electronic means:
An electronic signature is simply a visual representation of a person's name or signature that's provided for the purpose of confirming their identity and their intention to participate in the research.

QCPRRC is committed to ensuring all personal information is managed in accordance with the National privacy principles, and also in compliance with Queensland Government's Information Security Standard 18 (IS18:2018.)

If you authorise us to accept email or SMS instructions (or to provide you with information and regulated documents by email or SMS) please understand that you are responsible for your internet security and integrity and we for ours. We can treat any communication from your nominated email or SMS account as a communication from you and can rely on those communications without seeking further confirmation from you. Likewise, you accept that an email or SMS from us to your nominated email or SMS account is communication with you. Information or documents sent to your nominated email or SMS is deemed to have been provided to, and received by, you. Further, we can reasonably rely on this authorisation and use the nominated email or SMS unless, or until, you either revoke it in writing or nominate an alternate address.

CHIEF INVESTIGATOR

I have fully explained to the parent/guardian the nature and purpose of the program and the procedures to be employed as described above and such risks as are involved in their performance, and I have provided the parent/guardian with a copy of the Information Sheet.

Signature of Investigator

Date

Print Name

Position

INDEPENDENT WITNESS

I have witnessed the receipt of an Information Sheet by the parent/guardian and exchanging of information between the investigator and the parent/guardian about the study.

An auditor witness would optimally discuss the study with the subject and witness the subject signature

Signature of Witness

Date

Print Name

Position

IF DEEMED APPROPRIATE:

CHILD PARTICIPANT ASSENT

I have read the above information. I have asked all of my questions and received answers. I agree to take part in this study.

Signature of Child/Adolescent

Date

Print Name

Child Participant you can provide your agreement to participate in this by electronic means:
*An electronic signature is simply a visual representation of a person's name or signature that's provided for the purpose of confirming their identity and their intention to participate in the research.
You may send an email or SMS your acceptance.*