

Appendix 4

CONSENT FORM FOR SELF AND CHILD PARTICIPATION IN RESEARCH

(by intervention (child), online questionnaire and interview)

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| Participation in collaborative LEGO® robotics therapy for adolescents on the autism spectrum |

I …............................................................................................................................

being over the age of 18 years, hereby consent to myself and my child to participate as requested in the project with the title listed above.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation in the interview.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.

5. I understand that:

* My child and/or I may not directly benefit from taking part in this research.
* Participation is entirely voluntary and my child and I are free to withdraw from the project at any time; and my child and I are free to decline to answer particular questions.
* While the information gained in this study will be published as explained, my child’s and my participation will not be anonymous; however any information my child and I provide will remain confidential.
* due to the nature of group participation in the intervention that participant anonymity cannot be guaranteed.
* Whether my child and I participate or not, or withdraw after participating, will have no effect on any service that is being provided to me and my child.
* My child or I may ask that the audio recording or observation be stopped at any time, and that my child and I may withdraw at any time from the research without disadvantage.

6. I understand that only the researchers on this project will have access to my child’s and my research data and raw results; unless my child and I explicitly provide consent for it to be shared with other parties.

7. I have had the opportunity to discuss taking part in this research with my child and with a family member or friend.

**Participant’s signature……………………………………Date…………………...**

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

**Researcher’s name………………………………….…………………….................**

**Researcher’s signature…………………………………..Date…………………….**

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| *NB: Two signed copies should be obtained (one for researcher; one for participant). The copy retained by the researcher may then be used for participant review and approval of interview transcripts (point 8) where relevant.* |

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| *This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 2202). For queries regarding the ethics approval of this project please contact the Executive Officer of the Committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au* |