



**Youth consent form to be involved in the  
Youth Education and Support Program  
Project ID: 27733**

**NOTE: This consent form will remain with the Monash University researcher for their records**

**Title of the project: Evaluation of the Youth Education and Support Program**

I have been asked to join this Monash University study. I have read or had read to me the letter that explained everything about this study and I have had a chance to ask questions about it. I understand what this research project is about and would like to join in.

I understand that being in this study is my choice and that I can change my mind and choose to not be part of this study any time I like and that no one will be angry with me if I change my mind.

I know that if I have any questions I can ask my teacher, parents/carers or the researcher at any time.

I know that the information the researchers get from me will be kept in a safe place. The data the researchers gather about me will be anonymous and will be uploaded to a database that may be shared with other researchers if requested. I know that all the information the researchers have on me will be destroyed after five years.

I agree to:	Yes	No
Attend the Youth Education and Support program at school with other students	<input type="checkbox"/>	<input type="checkbox"/>
Be observed by the researcher	<input type="checkbox"/>	<input type="checkbox"/>
Complete some surveys during the program	<input type="checkbox"/>	<input type="checkbox"/>
Complete questionnaires a week before and immediately after the program	<input type="checkbox"/>	<input type="checkbox"/>
Complete questionnaires 3 months after the program	<input type="checkbox"/>	<input type="checkbox"/>
Complete questionnaires 1 year after the program	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***For researcher use only:***

Participant ID number: \_\_\_\_\_