



Prevent Alcohol and Risk-related Trauma in Youth Program Evaluation

1. I _____
Of (School) _____
Agree to participate in the study described in the Participant Information Sheet.
2. I have read the participant evaluation information, which explains why I have been selected, why the study is being done, the nature and the possible risks to me, and the statement has been explained to me to my satisfaction.
3. I understand that I can withdraw from the study at any time without prejudice to my participation in the P.A.R.T.Y. Program at Canberra Hospital and Health Services.
4. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.
5. I understand that if I have any questions relating to my participation in this research, I may contact the P.A.R.T.Y. Coordinator on telephone 02 6244 2638, who will be happy to answer them.

6. I consent to (please tick):

i) Participating in up to 3 Evaluation questionnaires YES NO

ii) I consent to my photo being taken during the program day to be used for program promotion (if to be used in print or TV media special consent will be obtained) YES NO

7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Statement.

This study has been approved by the ACT Health Directorate Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the ACT Health Directorate Human Research Ethics Committee Secretariat, on 02 6205 0846 via acthealth-hrec@act.gov.au and quote HREC project number: ETH.11.14.313

Signature of student participant

Please PRINT name

Date

Signature of parent/guardian witness

Please PRINT name

Date

Signature of investigator (to be signed on Program day)

Date
