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CONSENT FORM

The Coronial Investigation of Suspected Deaths and the Impact on Families of Missing People

Chief Investigator

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I agree:

- To participate in the above research project and give my consent freely.
- I have read and understood the information sheet given to me and understand the nature and purpose of the study and any risks involved.
- I have been provided the opportunity to ask questions about the research and received satisfactory answers.

I understand that:

- My participation in the project is entirely voluntary.
- I can withdraw from the project at any time, without consequence, and do not have to give any reason for withdrawing.
- If I choose to withdraw once the data has been de-identified and analysed it will not be possible for my data to be withdrawn.
- If I choose to not take part in this research or withdraw from the study this will not impact my access to FFMPU services in any way.
- Any information or personal details gathered in the course of this research about me are confidential. None of my information will be discussed with other family members or research participants. Neither my name nor any other identifying information will be used or published.
- My interview will be audio recorded and transcribed.
- I will have the opportunity to review my transcript and make corrections.
- All materials related to this research (audiotapes and transcripts), will be securely stored and disposed of five years after completion of the research.

I consent to:

- Participate in an interview and have it recorded
- Publication of de-identified results in academic journals and conferences

Date: _____ Name (print): _____

Contact Details: _____

Signature: _____

I understand that if I have any complaints or concerns about this research I can contact:
The Executive Officer, Human Research Ethics Committee, Office of Academic Governance,
Charles Sturt University, Tel: (02) 6338 4628 Email: ethics@csu.edu.au