Interview Consent Form

Interview

Study Title:

The Value of Social Work in the NDIS as a Therapy Support: Listening to the Voices of People with an NDIS Plan

This form asks if you would like to take part in an interview for this research project.

Please read each statement carefully.

Tick the box if you agree.

About You

Are you completing this interview as:

(Please select one or more if relevant)

☐ A person with an NDIS plan

☐ A family member of a person with an NDIS plan

☐ A carer of a person with an NDIS plan

☐ Other (please describe): _____

Consent Statements

Please tick each box if you agree.

☐ I have read and understood the Participant Information Sheet.

☐ I have had the opportunity to ask questions about the research.

☐ I understand that taking part in this interview is voluntary.

☐ Some questions may prompt reflection on difficult experiences.

You do not have to answer any question you do not want to answer.

You can stop the survey or interview at any time. If you become

upset, you are encouraged to contact your usual supports, GP or Lifeline on 13 11 14 or Beyond Blue on 1300 22 46 36.

☐ I understand that I can stop the interview at any time without giving a reason.

☐ I understand that I can choose not to answer any question.

☐ I understand that the interview will be audio recorded so the researcher can accurately capture what I say.

☐ I understand that my name and any identifying information will be removed from the interview transcript.

☐ I understand that de-identified quotes from my interview may be used in research reports, presentations, or publications.

☐ I understand that the information I provide will be stored securely and only accessed by the research team.

☐ I understand that I may withdraw my interview within 7 days after the interview if I change my mind by emailing the researcher

☐ I understand that I may edit my transcript 7 days after the interview if I change my mind by emailing the researcher

☐ I agree to take part in this interview.

Participant Details

Participant Name: _____

Signature: _____

Date: _____

Preferred contact (optional): _____

Researcher Details

Researcher Name: Cate Sherlock

Signature: _____

Date: _____