



**CONSENT FORM FOR PARTICIPATION IN RESEARCH**  
**(Interview)**

Examining Time and Resource Allocation in Positive Behaviour Support (PBS)  
Processes: The Perspective of PBS Practitioners.

I .....  
being over the age of 18 years hereby consent to participate as requested in the  
..... for the research 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.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
  - I may not directly benefit from taking part in this research.
  - Participation is entirely voluntary and I am free to withdraw from the project at any time; and can decline to answer particular questions.
  - The information gained in this study will be published as explained, and my participation will be anonymous and confidential.
  - Whether or I participate or not, or withdraw after participating, will have no effect on my current employment
  - I may ask that the audio recording be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
  - Even though information provided will be treated with the strictest confidence, disclosure of illegal activities will not be safe from legal search and seizure and may need to be reported to authorities.
6. I understand that only the researchers on this project will have access to my research data and raw results; unless I explicitly provide consent for it to be shared with other parties. If the need to seek your consent to share your research data with other parties does arise, I will be contacted by the researchers via email.

**Participant's name**.....

**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.

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**Researcher's name**.....

**Researcher's signature**.....**Date**.....

*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.*

*This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8648). 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](mailto:human.researchethics@flinders.edu.au)*