

ARCHER 2 INVESTIGATORS

Prof Kate Steinbeck	A/Prof Catherine Hawke
Dr Krestina Amon	Prof Philip Hazell
Prof Andrew Campbell	Prof Rebecca Ivers
Dr Hoi Lun (Helen) Cheng	Dr Patrick Kelly
Dr Chin Moi Chow	Mrs Karen Paxton
Prof David Handelsman	Dr Margot Rawsthorne
Dr Georgina Luscombe	A/Prof Rachel Skinner

Research Office
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PO Box 1043
DUBBO NSW 2830

Telephone: 02 6882 0288
Facsimile: 02 6884 1829

Email: archer@sydney.edu.au
Web: www.archerstudy.org.au

YOUNG PERSON'S CONSENT FORM

The ARCHER 2 Study

I, [YOUR NAME], give consent to participate in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- ✓ I have read the Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and that I do not have to take part. My decision whether to take part in the study will not affect my relationship with the researchers or anyone else at the University of Sydney now or in the future.
- ✓ I understand that I can withdraw from the study at any time.
- ✓ I understand that my personal information that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about myself will only be told to others with my permission, except as required by law.
- ✓ I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about myself.

Additional consents:

- (1) Yes No I consent to the indefinite storage of my blood and urine
- (2) Yes No I consent to the indefinite storage of my DNA samples
- (3) Yes No I would like feedback about the overall results of this study
- (4) Yes No I consent to contact from the ARCHER study investigators about further research studies.

<p><u>Young Person's signature:</u></p> <p>.....</p> <p>Signature</p> <p>.....</p> <p>PRINT name</p> <p>.....</p> <p>Date</p>

Please return the UNIVERSITY COPY (coloured paper) of the consent form to:

ARCHER STUDY
School of Rural Health
Reply Paid 85601
DUBBO NSW 2830

Please keep your Participant copy (white paper).



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PARENT/GUARDIAN CONSENT FORM

The ARCHER 2 Study

Parent/Guardian Surname
Parent/Guardian First Names

Grid for entering parent/guardian names

I, _____ give consent to participate in this research study.

In giving my consent I state that:

- I understand the purpose of the study, what my child and I will be asked to do, and any risks/benefits involved.
I have read the Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
The researchers have answered any questions that I had about the study and I am happy with the answers.
I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to take part in the study will not affect my relationship with the researchers or anyone else at the University of Sydney now or in the future.
I understand that I can withdraw from the study at any time.
I understand that personal information about myself that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about myself will only be told to others with my permission, except as required by law.
I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about myself.

Additional consents:

- (1) Yes No I consent to the indefinite storage of my child's blood and urine.
- (2) Yes No I consent to the indefinite storage of my child's DNA samples.
- (3) Yes No I would like feedback about the overall results of this study.
- (4) Yes No I consent to contact from the ARCHER study investigators about further research studies.

<p><u>Parent/guardian signature:</u></p> <p>.....</p> <p>Signature</p> <p>.....</p> <p>PRINT name</p> <p>.....</p> <p>Date</p>
--

Parent/Guardian contact details:

Please provide your contact information to allow the Research Officer to keep in contact with you once the study begins. This information will be kept confidential and will not be used for any purpose other than the ARCHER 2 study.

House number & street:

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Town:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode:

Email address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

As above

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Daytime telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

After hours number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Alternative family or friend contact number																			
	Name: Relationship:																		

2. Alternative family or friend contact number																			
	Name: Relationship:																		

Please return the UNIVERSITY COPY (coloured paper) of the consent form to:

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