



Foundation House

The Victorian Foundation
for Survivors of Torture Inc.

ATTACHMENT A

VFST Institutional Ethics Committee Consent form for persons participating in research projects

Name of participant:

Project title:

Name of investigator(s):

1. I have read the attached information sheet. I consent to participate in the project, the particulars and purposes of which have been explained to my satisfaction.

2. I acknowledge that:
 - a) the possible consequences of the research have been explained to me to my satisfaction.

 - b) I have been informed that I am free to withdraw from the project at any time without harming my relationship with the Foundation.

 - c) I have been informed that the confidentiality of the information I provide will be safeguarded subject to the legal requirements which have been explained to me.

Signature: _____ Date: _____

(Participant)

Signed in the presence of: _____ Date: _____

Where the participant is under 18 years of age:

I consent to the participation of _____ in the
above project. (Child or dependant's name)

Signature: _____ Date: _____

(Signature of parent or guardian)

