

# SCHOOL OF SOCIAL SCIENCES INFORMED CONSENT FORM



This form is to be used by students of the School of Social Sciences to gain informed consent from individuals (interviewees) for the audio and/or video recording of an interview/counselling session for the purpose indicated below.

Documents to which reference is made in the sections below are available on the CHC website.

## ***Instructions for use***

The following must be done prior to the recording taking place:

1. The student is to provide the required information in the 'Student Details' and 'Interviewee Details' sections (fillable fields);
2. The form is to be printed, and the 'Declaration' section completed by the student and the interviewee;
3. A copy of the signed form is to be provided to the interviewee; and
4. The original signed form is to be submitted with the completed assessment task.

Any questions that arise from either the student or the interviewee regarding any aspect of this form or the processes to which it pertains are to be directed to the unit lecturer at the email address provided below.

## STUDENT DETAILS

Name of student:

Unit (code and title):

Semester:  Year:

Unit lecturer name:

Unit lecturer email:

Nature of recording (check one):                      Audio                      Video

Purpose of recording:

## INTERVIEWEE DETAILS

Name of interviewee:

Relationship to student (eg friend, client):

*Where the interviewee is a minor, the name of the parent/guardian is required.*

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Name of parent/guardian:

## DECLARATION

*This form is to be printed prior to the completion of this section.*

The student and interviewee (or parent/guardian) are to read the following statements and complete the relevant signatures below:

### **Student**

I declare that no conflicts of interest or dual relationships exist in relation to the interviewee.

I declare that the recording with the interviewee named above will be used only for the purpose indicated above, and that I will at all times act in accordance with the principles of confidentiality outlined in the CHC *Social Sciences Courses Handbook*, CHC Policy: *Code of Conduct* and CHC Policy: *Privacy*.

Signature: ..... Date: ..... / ..... / .....

### **Interviewee**

*Where the interviewee is a minor, the consent of the parent/guardian is required.*

I give consent for the student named above to record an interview/counselling session with myself/the child in my care for the purpose indicated above. I understand that:

- The recording will be used only for the purpose indicated above;
- The principles of confidentiality as outlined in the CHC *Social Sciences Courses Handbook* and CHC Policy: *Code of Conduct* and CHC Policy: *Privacy* will be strictly observed;
- Any reports that are produced to accompany the recording will be de-identified to remove the possibility of my identification or the identification of the child in my care by persons other than the student named above;
- The recording and any accompanying reports will be viewed/heard and/or read (as applicable) by a CHC academic staff member or members in the role of assessor of the CHC unit indicated above;
- The recording and any accompanying reports will be available at any time during normal business hours for me to hear/view and/or read (as applicable);
- I may, at any time, remove my permission for this recording to be used for the purpose indicated above;
- The recording and any accompanying reports will be retained in secure storage at CHC for as long as required for the purpose indicated above, after which the recording and all accompanying documentation will be erased or destroyed, or, if I request, given into my possession.

Signature: ..... Date: ..... / ..... / .....