

## UNIVERSITY OF WOLLONGONG

## **CONSENT FORM for Parents/Guardians**

**Study title:** Grow Your Mind Program Evaluation

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My child and I have been given information about this study, and I have had the opportunity to discuss the project with the researchers conducting this research in the School of Psychology at the University of Wollongong.

My child and I understand that, if my child consents to participate in this project, they will be asked to complete:

- A pre-program 35-minute assessment session consisting of online questionnaires related to well-being, confidence in taking care of mental health and school connectedness. Questionnaires will be completed in one session during allocated class time at the end of Term 2.
- If my child's class is allocated to the 'treatment' condition: they will participate in a post-program 35-minute
  assessment session, after participating in the Grow Your Mind program in Term 3. The assessment session
  will consist of online questionnaires related to well-being, confidence in taking care of mental health and
  school connectedness, and will be completed in one session during allocated class time.
- If my child's class is allocated to the 'waitlist' condition: they will complete the 35-minute pre-program questionnaires at the end of Term 2, and post-program questionnaires at the end of Term 3, prior to starting the Grow Your Mind program in the following term.

We understand that participation in this research is entirely voluntary, and that we are free to refuse to participate or withdraw from the research at any time. Our refusal to participate or withdrawal of consent will

not affect our relationship with the University of Wollongong or our school. We agree to inform the researchers if we decide to withdraw at any stage.

We understand that our school has signed up to implement the Grow Your Mind program in 2021, and that our consent to participate in the research study involves the additional pre-/post-program assessment sessions. We understand that should we choose not to participate, or to withdraw consent, my child may still have the opportunity to participate in the Grow Your Mind program.

We are also aware that any data obtained will be used only for the purposes of this study and will not be made available to any persons but the researchers involved. Individuals will not be identifiable and confidentiality is secured at all times. We are aware that the data will be analysed at a group level to examine the efficacy of the Grow Your Mind Program, and documented in a report for the Grow Your Mind Team, and potentially published in a scientific journal. If we choose to withdraw our consent to participate, my child's data will be destroyed and not included in any group analyses.

If we have any enquiries about the research, we can contact Professor Stuart Johnstone (<u>sjohnsto@uow.edu.au</u>, 02 4221 4495). If we have any concerns or complaints regarding the way the research is or has been conducted, we can contact the Ethics Officer, Human Research Ethics Committee, University of Wollongong on 02 4221 4457.

By signing below we are indicating consent for my child to participate in the present research project as it has been described to us in the information pack. We understand that the data collected from my child's participation will be used for research (with potential journal publication), and we consent for it to be used in that manner.

Signed	(Parent/Guardian)	Name	Date
			/
My parent has explained the research to me and I would like to be part of this research.			
Signed	(Child)	Name	Date
			/
Child's Date of Birth (dd/mm/yyyy):			
Child's	School:		
Child's	Class:		