

FASD Australian Registry (FASDAR) Opt-In Form for Parents/Carers

A copy of this form is also available online on the FASDAR website (www.fasdregistry.org.au)

I, [PRINT PARENT'S/CARER'S NAME], consent to my child [PRINT CHILD'S NAME] with date of birth of participating in this research study by enrolling in the FASDAR with the details I have provided on this consent form.

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 Participant Information Statement and have been able to discuss my child's 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 satisfied 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 be in the study will not affect my relationship with the researchers or anyone else at the clinic/hospital now or in the future.
- ✓ I understand that I can withdraw from the study at any time by completing and returning the 'Opt-Out Form.'
- ✓ I understand that personal information about my child 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 my child will only be told to others with my permission, except as required by law.
- ✓ I understand that I will not be paid for my participation as explained to me.
- ✓ I understand that the results of this study may be published by the researchers, but these publications will not contain my child's name, my name or any identifiable information about my child or me.
- ✓ I understand that the information collected for this study may be used in future projects and that ethical and governance approval will be sought before using the information in these future projects.
- ✓ I understand that I am able to enquire or complain about this study through the contact information provided in the Participant Information Sheet.

Continued on the next page

PLEASE COMPLETE YOUR DETAILS AS THE PARENT/CARER

First name

Family name

Address

Postcode

Contact number

Email

Parent/Carer signature: _____

Dated: _____

Researcher name & signature: _____

Dated: _____

Please send this completed form to

Fetal Alcohol Spectrum Disorder Australian Registry
c/o The Australian Paediatric Surveillance Unit (APSU)
Locked Bag 4001, WESTMEAD NSW 2145

OR email to SCHN-APSU@health.nsw.gov.au

OR fax to the APSU on 02 9845 3082

OR call the APSU on 02 9845 3005