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| **PLAIN LANGUAGE STATEMENT AND CONSENT FORM** | | Deakin University logo |
| **Full Project title:** Who and what helps people with intellectual disability manage obesity? | | |
|  | | |
| **To:** Participants  **Date:** March 2025 | | |
| **PLAIN LANGUAGE STATEMENT** | | |
|  | | |
| **Information sheet for research participants** | | |
|  | We are researchers at Deakin University.  Thank you for thinking about being part of our research project. | |
| Fruit bowl with solid fill Soccer with solid fill | We are inviting you to help us understand who influences food and exercise choices for people with intellectual disability and obesity. | |
|  | Researchers at Deakin University are particularly interested in understanding   * Who influences the food you eat * Who influences the exercise you do * How do these people influence these?   Your opinion is very important to us. | |
| [This Photo](https://www.pngall.com/de/interview-png/download/13149) by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/3.0/) | Participating in this project involves 1-2 face-to-face interviews with the research student.  You can include some arts-based activities if you wish. | |
| Daily calendar outline | The researcher will ask you about the best place and time for the interview.  The interview will last for 1-2 hours. The interview might include you drawing as well as talking. | |
|  | You will be paid $50 via gift card for participating in each interview. | |
|  | We will not tell anyone what you say. | |
| Radio microphone outline | We will audio record the interview. This will be stored in a safe place where no one else can find it. | |
| Women working from home | We might write about what you tell us, but we will not use your name. | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Discuss-Yes-No_large.png?v=1456688174 | If you agree to participate in this project, you can change your mind at any time.  If you change your mind, all you need to do is tell us. You can decide whether you participate or not. | |
|  | You can ask someone you trust to help you decide whether to participate. | |
| **Who can I talk to for more information?** | | |
| Badge Question Mark with solid fill | If you have questions or need help you can talk to: | |
| *A person with red hair wearing glasses  Description automatically generated* | **Dr Joanne Watson** (Principal Investigator)  *Shape  Description automatically generated with low confidence*  Email: [joanne.watson@deakin.edu.au](mailto:joanne.watson@deakin.edu.au)  *Shape  Description automatically generated with low confidence*  Phone: +61 3 925 17189 | |
|  | **Samantha Lilly** (Student Investigator)  *Shape  Description automatically generated with low confidence*  Email: [slilly@deakin.edu.au](mailto:slilly@deakin.edu.au) | |
| If you wish to read more about ethical conduct in human research, please see here | [National Statement on Ethical Conduct in Human Research 2023 | NHMRC](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2023) | |

**PLAIN LANGUAGE STATEMENT AND CONSENT FORM** 

**TO:** Participant

**Consent Form**

**Date:** March 2025

Full Project Title: Who and what helps people with intellectual disability manage obesity?

**Reference Number:** 2024/HE000837

I understand and have a copy of the attached Plain Language Statement, *and I agree to participate.*

I consent to participate in the following:

One interview

Two interviews

I understand my name will not be used in any publication or presentation of the research.

I understand I will be audio recorded.

I understand I can review the interview transcripts or recording.

Participant’s Name (printed) ……………………………………………………………………

Signature ……………………………………………………… Date …………………………

**Research Student:** Samantha Lilly, PhD CandidateEmail: [slilly@deakin.edu.au](mailto:slilly@deakin.edu.au)

Deakin University, Melbourne Burwood Campus   
School of Health and Social Development  
221 Burwood Highway, Burwood, VIC 3125

**PLAIN LANGUAGE STATEMENT AND CONSENT FORM** 

**TO: Participant**

**Withdrawal of Consent Form**

*(To be used for participants who wish to withdraw from the project)*

**Date:** March 2025

Full Project Title: Who and what helps people with intellectual disability manage obesity?

Reference Number: 2024/HE000837

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I wish to WITHDRAW my consent to participate in the above research project and understand that such withdrawal WILL NOT change my relationship with Deakin University or my service provider*.*

Participant’s Name (printed) …………………………………………………………………………………...

Signature ………………………………………………………………. Date ………………………………………

**Please post or email this form to:**

**Research Student:** Samantha Lilly, PhD CandidateEmail: [slilly@deakin.edu.au](mailto:slilly@deakin.edu.au)

Deakin University, Melbourne Burwood Campus   
School of Health and Social Development  
221 Burwood Highway, Burwood, VIC 3125