

Research Consent Form for interviewee: Investigating Experiences of Sexual Violence Among Current and Ex Catholic Women Religious

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Participant Consent

- I agree to participate in the above research project and give my consent freely.
- I understand that the project will be conducted as described in the Participant Information Statement, a copy of which I have read and retained.
- I understand that I can withdraw from the project up to the beginning of data analysis in July 2027, as explained in the Participant Information Statement, and I do not have to give any reason for my decision to withdraw.
- I consent to participating in pre and post interview conversation, which will not be recorded or transcribed.
- I consent to participating in an interview and I understand it will be recorded and transcribed.
- I understand that participating in an interview may be distressing and that I can withdraw at any time. Counselling and support services will be available to participants.
- I understand that I can bring a support person to the interview if I so choose, and that the support person will be required to sign a consent form which includes a confidentiality agreement.
- I understand that my identity will not be revealed in any reports or publication and that my personal information will remain confidential to the researchers, except as required by law.
- I understand that researchers may be required to report information about serious offences (Crimes Act 1900) disclosed during the interview and I give my informed consent to continue participating in the interview on this basis.
- I understand that unless I am comfortable for information about a serious offence to be reported (where required), I should provide any information on a deidentified basis (i.e. omitting any details that may identify an alleged offender).
- I am not currently involved in an active litigation (civil or criminal or church-based) case.
- I understand that I should not provide any information during the interview that is subject to a civil claim which has settled where a settlement agreement imposes confidentiality obligations on the parties as this may be in breach of my confidentiality obligations.
- I have had the opportunity to have questions answered to my satisfaction.

Participant Details

Name (please print)	
Signature	
Mailing Address	
Email address	
Phone number	
Date	

Receiving Research Results

I would like the research team to send me a summary of the research results once available.

Yes No

If yes, I would like a copy sent to me via:

- the mailing address noted in the Participant Details section of this form
- the email address noted on this form
- another address (please specify):