Parent/Guardian Consent Form
Melbourne Graduate School of Education

Project: Minds@Play: Understanding the efficacy of integrating mindfulness within teaching practice to improve student outcomes

Responsible Researcher: Dr Jon Quach

Additional Researchers: Prof Janet Clinton, A/Prof Emma Sciberras, A/Prof Lisa Gold, A/Prof Peggy Kern, Ms Francesca Orsini, Dr Ben Deery

Name of Parent/Guardian: ____________________

First name: ____________________

Last name: ____________________

Name of Child: ____________________

First name: ____________________

Last name: ____________________

1. I consent for me and my child to take part in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.

2. I understand that the purpose of this research is to investigate whether a teacher-led mindfulness intervention can improve student outcomes.

3. I understand that my participation in this project is for research purposes only.

4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.

5. In this project I will be required to complete surveys about my child’s and my own well-being, and that my child will participate in face-to-face activities conducted at their school at each data collection period.

6. I understand that my participation is voluntary and that I am free to withdraw from this project anytime without explanation or prejudice and to withdraw any unprocessed data that I have provided.

7. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed after the youngest child turns 25 years of age.

8. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers.

9. I understand that after I sign and return this consent form, it will be retained by the researcher.

OPTIONAL CONSENT

☐ I do ☐ I do not I give permission to the Victorian Department of Education and Training to release my child’s School Entry Health Questionnaire results to the research team.

☐ I do ☐ I do not I give permission to the Victorian Department of Education and Training to release my child’s English Online results to the research team.

☐ I do ☐ I do not I give permission to the Victorian Curriculum and Assessment Authority to release my child’s Grade 3 NAPLAN results to the research team.

☐ I do ☐ I do not I give permission for the de-identified research data to be used in future research closely related or in the same general area of research, if the opportunity arises.

Participant Signature: ____________________

Date: ____________________

Ethics Id. 1853492.1; Date: 14/02/19; Version: 1.1

Melbourne Graduate School of Education
Kwong Lee Dow Building, 234 Queensberry Street, The University of Melbourne, Victoria 3010 Australia
W: education.unimelb.edu.au | unimelb.edu.au