



## CONSENT FORM: ALFI VR

**Project ID:** 21530

**Project title:** ALFI VR - Training the vulnerable teen brain: Pilot Study

**Version Number:** 2

**Version Date:** 5 December 2019

**Chief Investigator:** Dr Hannah Kirk

I consent to the following:	Yes	No
<ul style="list-style-type: none"> <li>I have read and understood this Explanatory Statement.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I understand what my child and I have to do to be involved in this project.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I understand the risks my child could face because of their involvement in this project.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I voluntarily consent for my child to take part in this research project.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have had an opportunity to ask questions about the project and I am satisfied with the answers I have received.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I understand that this project has been approved by the Monash University Human Research Ethics Committee.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I understand I will receive a copy of this Statement and Consent Form.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Optional</b>		
For my child's de-identified data to be used in other related studies by Monash University.	<input type="checkbox"/>	<input type="checkbox"/>
To be contacted about future research projects related to attention, cognition, and childhood development.	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Declaration by researcher: I have explained the project to the parent/guardian who has signed above. I believe that they understand the purpose, extent and possible risks of their child's involvement in this project.**

\_\_\_\_\_  
**Research Team Member Name**

\_\_\_\_\_  
**Research Team Member Signature**

\_\_\_\_\_  
**Date**