

INFO & CONSENT MAP



CU REF NO: 2020/946 **DETERMINANT OF HEALTH FIRST NATIONS MUSIC AS A**

onsequences. Project Leader: Professor Naomi Sunderland. n.sunderland@griffith.edu.au This document is for participants to keep. You have the right to refuse to participate without any negative

Signature or interpreter Rame of witness WITNESS OR INTERPRETER (OPTIONAL) Phone or email Postal address authority or Elder Name of cultural Are there cultural authorities or Elders who should be consulted? INDIGENOUS CULTURAL AND INTELLECTUAL PROPERTY (OPTIONAL) Phone or email Postal address Family representative If you ticked 'consult with my family' above, provide their contact details below. (JANOIT9O) **21IATED EVITATUE289999 YJIMA** Recordings must not be used for a period of time (where possible). (where possible). decide. Include their details below. Recordings must no longer be used use of the recordings and they can representative about the continued Recordings may still be used. Consult with my family If the researchers become aware of your death, which protocols should be followed? СИLTURAL MOURNING PROTOCOL THIS MEANS YOU CAN SAY NO!

OF YOUR MUSIC AND RECORDINGS

UNDERSTAND THAT SOME MUSIC IS PRIVATE OR RESTRICTED

WITH AIATSIS

YOU KEEP FULL OWNERSHIP AND RIGHTS

RESEARCHERS WILL NOT TRY TO OWN, SELL OR CONTROL YOUR MUSIC AND

RECORDING ARCHIVE Beyond Blue 1300 22 4636 www.beyondblue.org.au Social & Emotional Wellbeing

PERMISSION **TO SHARE** ONLY IF YOU **REOUEST IT DIGITAL FILES**

LOCAL

EMOTIONS

& Mental Health Services in

Aboriginal Australia

www.sewbmh.org.au

The topics we might talk about in this research are important for many First Nations People. If you feel emotional upset, please consider reaching out for support.

OUR CONDUCT

If you have concerns or complaints about the ethical conduct of this research project, please contact:

Griffith University Research Ethics

Professor Naomi Sunderland

n.sunderland@griffith.edu.au

research-ethics@griffith.edu.au

Central Australian Human

cahrec@flinders.edu.au

Research Ethics Committee

Project Leader

07 3735 4375

(08) 8951 4700

AUSTRALIAN INSTITUTE OF ABORIGINAL AND TORRES STRAIT ISLANDE CODE OF ETHICS FOR RESEARCH

NATIONAL STATEMENT **ON ETHICAL CONDUCT** IN HUMAN RESEARCH

AUSTRALIA COUNCIL PROTOCOLS FOR FIRST NATIONS CULTURAL AND NTELLECTUAL PROPERTY IN THE ARTS

THE RESEARCH PROTOCOLS WE FOLLOW

YOUR CHOICES AND CONSENT THIS MEANS YOU CAN SAY NO!

I agree to my yarn being audio recorded and transcribed. You can talk this through with a researcher or fill it in on your own. Tick all that apply.

- I know that I will get a copy of my recorded yarn to keep and share.
- in the future (please contact researchers if you change your mind). I agree that recordings of my yarn can be re-used for similar research projects

PROTECTING FIRST NATIONS

ARTS AND GULTURE

INDIGENOUS

CULTURAL AND

INTELLECTUAL

PROPERTY

RECORDING MUSIC

TO PROTEC CULTURE

YOU OWN THE

RECORDING

AUDIO

- research such as presentations, reports, and articles. I want my real name, recordings and images of me to be used in this
- l want to be anonymous but I want a nickname to be used.
- said. I do not want any recordings or images of me included in outputs. I want to be anonymous. I do not want other people to know who I am or what I

I want to yarn more about having my music recorded.

Select any options below that you agree with. Tick all that apply. НОГДІИС ТНЕ RESEARCH FOR FUTURE GENERATIONS

I would like a copy of my recorded yarn to be stored and available to with people in my community for potential use in local decision making. I would like a copy of recorded yarn to be stored in a secure location

and Torres Strait Islander Studies (AIATSIS) into the future. the public in research archives such as the Australian Institute of Aboriginal

such as AIATSIS but **NOT made available** to the public. I would like a copy of my recorded yarn to be stored in research archives

DO NOT want my recorded yarn to be stored in research archives.

Contact me at the end of the project so I can decide later. I'm NOT SURE if I want my yarn to be archived right noww.

JAVOA99A AUOY THIS MEANS YOU CAN SAY NO!

with them to make choices for your participation and offer your consent. below to give written approval. If you are under 18 or have a guardian, you can work note down your choices on this sheet for the research team to follow. Or you can sign You can give verbal approval for your choices by talking with a researcher. They will

Ве зеагсһег пате
Location
Date
Guardian/Parent Signature
Guardian/Parent name (IF REQUIRED)
Participant signature (OPTIONAL)
Participant nickname (OPTIONAL)
Participant name

DRAFT RESEARCH OUTPUTS (OPTIONAL)

public, provide preferred contact information below. If you would like to see draft outputs from this research before they are released to the

Phone or email

Postal address