

## Appendix 4

### PARTICIPANT CONSENT FORM (for yarning circles/yarns)

#### SISTASCREEN - First Nations strength-based approaches to increasing cervical cancer screening in pregnancy and postpartum

Researcher's name: \_\_\_\_\_

Chief Investigators names: CIA A/Prof Marilyn Clarke, Professor Gillian Gould

- I have received information about this research project.
- The research project has been explained to me and I fully understand the purpose and my involvement in it.
- I understand that participation in this study is voluntary and I may choose not to take part in the study.
- I understand that I can request my data (informed signed consent form, survey, individual yarns) at any time, and that I can withdraw from the research at any time.
- I understand that I will not be able to request or withdraw my data collected during yarning circles.
- I understand that I may not directly benefit from taking part in the project.
- I provide my consent for the information collected about me to be used for the purpose of this research study and for future research that is an extension of, or closely related to, the original project; or is in the same general area of research.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential. If other arrangements have been agreed in relation to identification of research participants this point will require amendment to accurately reflect those arrangements.
- I understand that I may be recorded during the yarns or yarning circles. The recordings will be destroyed once they are summarised and at completion of the project.
- I understand and agree to keep the identity of all yarning session individuals, the conversation and content of the yarning sessions private and confidential. I will not disclose any information to anyone.

#### Photography Consent (Optional)

- I understand that photographs may be taken during the project for research, reporting, or dissemination purposes (e.g., presentations, reports, publications, community feedback materials).

Please select ONE option:

I consent to photographs of me being taken and used for research-related purposes as described above.

I do NOT consent to photographs of me being taken or used as part of this research project.

- I understand that I may withdraw my consent for use of identifiable photographs at any time prior to publication or public dissemination. Once images have been published, it may not be possible to withdraw them.

I understand that if I have any complaints or questions concerning this research project I can contact the Chief Investigator, the Chairperson or CEO of the local Aboriginal Community Controlled Health Service; or the Chairperson of the AH&MRC Ethics Committee as follows:

**The Chairperson  
AH&MRC Ethics Committee  
Harvey Street Little Bay  
NSW 2036 Australia  
Email: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au)  
Telephone: (02) 9212 4777**

- If you wish to receive the study results, please provide your email address.

Email: \_\_\_\_\_

**Name of the participant:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have explained the research project to the participant and believe that he/she understands what is involved.**

**Researcher's signature and date:**