**Participant Consent Form**

Teachers

**Research Study: *Secondary School Teacher Attitudes Towards Inclusive Education in Australia and China***

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| --- | --- |
| **Participant Name** |  |

I agree to take part in this research study. In giving my consent, I confirm that:

* The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
* I understand the purpose of the study is to investigate secondary school teacher’s insights into inclusive education.
* I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
* I understand that in this study I will be required to complete an online questionnaire.
* I understand that my information may be used in future research undertaken by the research team (e.g., further comparative research).
* I understand that being in this study is completely voluntary.
* I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
* I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
* I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
* I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

**I consent to** **being contacted for future studies** Yes  No

**I consent to my data being used in future research** Yes  No

**I would like feedback on the overall results of this study** Yes  No

If you answered **yes**, please provide your preferred contact details (email/telephone/postal address):

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* I understand that after I acknowledge my consent and submit this consent form it will be retained by the researcher, and that I may request a copy at any time.

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| --- | --- |
| **Participant Name** |  |
| **Signature** |  |
| **Date** |  |