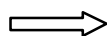


**Centre for Positive Psychology  
Melbourne Graduate School of Education**

**Consent form for children participating in The Wellbeing Profiler**



**PROJECT TITLE: The Wellbeing Profiler Project**



Name of participating school: \_\_\_\_\_

Name of investigator(s): Dr. Tan-Chyuan Chin, Professor Dianne Vella-Brodrick, Professor Lindsay Oades, Dr. Margaret Kern, Dr. Gavin Slempp, Dr. Kent Patrick, Miss Alexandra Johnston, Miss Jiaying Jiang and Mr. Rowan Jacques-Hamilton

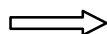
1. I consent for my child to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement relating to the project.
2. I understand that after I sign and return this consent form, the form will be retained by the researcher/s.
3. I understand that my child's participation will involve the **completion of The Wellbeing Profiler, an online questionnaire**, by my child.
4. I acknowledge that:
  - (a) I am providing consent for my child to participate in this study;
  - (b) The possible effects of participating in this study, namely in relation to possible student discomfort and distress during or following the completion of the survey have been explained to my satisfaction;
  - (c) I have been informed that my child is free to withdraw from the project at any time without explanation or prejudice;
  - (d) I have been informed that the confidentiality of the information my child provide will be safeguarded subject to any legal requirements, including in relation to record-keeping and privacy;
  - (e) **I understand that questionnaire data collected** will be stored at the University of Melbourne on a password protected server will be destroyed after at least 10 years and will only be accessible by the named researchers;
  - (f) Data from The Wellbeing Profiler used in any publications arising from the overall research project will not, under any circumstances, contain names or identifying characteristics (including identifying characteristics of my child's school).



*Please place a tick in the relevant box below to indicate your consent for this project.*

**Yes.** I agree to provide consent on my child's behalf to participate in this research.

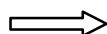
**No.** I prefer for my child not to take part in this survey.



Child name:

Class:

\_\_\_\_\_



Parent name & signature:

Date:

\_\_\_\_\_

HREC: 1648526; Date: 20/12/18; Version: 2.1

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