

PARENT/GUARDIAN INFORMATION LETTER AND CONSENT FORM
Survey Data Collection

HREC Project Number: 2018-05-314-A-2

Full Project Title: About You: The Victorian Student Health and Wellbeing Survey

Dear Parent/Guardian

This letter is to invite you to let your child do the About You survey, and provide you with information regarding the project.

Introduction: The About You survey assesses the health & wellbeing of young people in Victoria. It has been developed by the Department of Education and Training, and is being conducted by Colmar Brunton Research on behalf of the Department.

Students in all Government schools in year 7, 8, 10 and 11 are being invited to participate in the survey in 2019. The survey will be used by your school for monitoring the health development, learning, safety and wellbeing of students.

The information collected will assist in the development of programs, resources and services aimed at meeting the needs of young Victorians.

Funding Source: This project has been fully funded by the Department of Education and Training.

Invitation: We are asking your child to participate in the About You survey. It will be emailed to students via a web link.

The survey asks questions about young people's thoughts and feelings regarding their school, family, friends, health, their experiences, including questions regarding alcohol, drugs and sex and about their community.

Benefits: In our experience the majority of young people enjoy the chance to have their say. The collective information from the survey will be used for planning services for young people in Victoria.

Risks: We do not expect there to be any risk to your child if he/she does the About You survey. We have done our best to make sure that the questions will not cause your child any distress. However, all students will be provided with appropriate contact information for counselling resources, in the event that they are required.

Confidentiality: Students will be provided with a unique login to complete the survey. The student login is an assigned identifier that may be used to link data for statistical and research purposes only. All responses to the survey are kept anonymous in the survey data. Personal identification data will not be recorded in the survey data. This ensures that the confidentiality of student responses is protected at all times.

The survey data will be stored on a secure server that only the staff working on the project will have access to. The information will be non-identifiable. This means that the information is anonymous and will not have identifying information (such as your child's name or contact details). While we will collect date of birth, once this has been used to calculate your child's age in years and months, the actual date of birth will be removed from the data.

The data will be stored on a databank within DET for research and planning purposes. While information provided by participating child/ren is confidential there are some things that by law must be disclosed and some things that the law permits to be disclosed.

Reporting of Results: School level data will be reported to the principal of each school, no individual students will be identified. The Victorian Department of Education and Training will use the data for reporting and publication purposes

and to design and implement programs, projects and resources to target the needs of young Victorians. School level data will not be reported publicly.

Options for Participation: Participation in this project is voluntary. If you do not wish your child to take part, you do not have to. However because the survey is anonymous, once your child has completed the survey we are unable to remove his or her survey from our project.

Could you please give your child the enclosed Student Information Letter as the survey is voluntary and if he or she does not wish to take part they do not have to. They also have the option not to answer individual questions within the survey.

Your decision whether to allow your child to take part or not, or to take part and then withdraw, will not affect your relationship with your child's school, or the Department of Education and Training.

Consent Process: We are asking you for your consent to have your child do the About You survey.

If you **do not** want your child to do the survey you must either:

- Return the **Opt Out Refusal of Consent Form** included to your child's school.

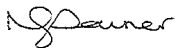
If we do not receive a Refusal of Consent Form from yourself via hard copy or email before the visit date mentioned within this letter it means that you give your consent for your child to do the About You survey.

A copy of the survey that we are asking your child to complete is available at your child's school. Please contact the administration office if you would like to see the survey before making your decision about whether you would like your child to participate.

This project has been approved by Bellberry Human Research Ethics Committee, accredited by the National Health and Medical Research Council.

If you have any questions, or would like further information about the project, please call the study support line on 1800 834 196.

Yours sincerely



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Colmar Brunton Research

Gillian Davenport
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If you have any concerns about the project, or the way it is being conducted, and would like to speak to someone independent of the project, please contact:

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Email bellberry@bellberry.com.au
Address 129 Glen Osmond Road Eastwood South Australia 5063
Website www.bellberry.com.au

About You Survey

Wodonga Senior Secondary College

REFUSAL OF CONSENT

Please complete and sign this form **ONLY** if you **DO NOT** want your child to take part in the survey.

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Project Title: About You Survey

I (Parent/Guardian name) _____

of (child's name) _____ In year: _____

Home room: _____

DO NOT GIVE PERMISSION FOR MY CHILD TO DO THE ABOUT YOU SURVEY

- I understand that this project has been approved by Bellberry Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007).

Parent/Guardian Signature _____ **Date** _____

Please return form to your child's teacher.