# C:\Users\ammartin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\UOM-Pos3D_S_Sm.jpgConsent Form

## Melbourne Graduate School of Education***Project: Pedagogies of difference: Harnessing teachers’ stories of identity and belonging***

**Responsible Researcher: Dr Sonja Arndt**

**Additional Researchers:** Dr Clare Bartholomaeus

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| **Name of Participant:** |  |

1. I consent 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 to keep.
2. I understand that the purpose of this research is to investigate early childhood teachers’ identities and belonging.
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project I will be required to take part in two focus groups and an individual interview, as well as develop my own cultural story.
6. I understand that the focus groups and interview I participate in will be audio-recorded.
7. I understand that my participation is voluntary and that I am free to withdraw from this project anytime without explanation or prejudice and to withdraw any unprocessed data that I have provided, although it may not be possible to withdraw any data already collected during the focus groups.
8. I understand that the data from this research will be stored securely in the University of Melbourne OneDrive as well as on an external hard drive and will be destroyed 5 years after the completion of the research or any publications arising from it.
9. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be stored securely and accessible only by the named researchers.
10. I understand that given the small number of participants involved in the study, it may not be possible to guarantee my anonymity. In addition, I understand that while every effort will be made to ensure confidentiality, participants in the focus groups will be visible to one another and will know what each person said.
11. I understand that after I sign and return this consent form, it will be retained by the researcher.

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| **Participant Signature:** |  | **Date:** |  |