

Melbourne Conservatorium of Music

Consent Form for PARENTS (and their children)

Project Title: Online Music Performance Skills Program for Teachers and Students

Name of parent: _____

Name of child: _____

Name of investigator(s): Dr Margaret Osborne, Anneliese Gill, Gary McPherson _____

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 to keep.
2. I understand that after I sign and return this consent form it will be retained by the researcher.
3. I understand that my child's participation will involve:
 - Completing a set of questionnaires;
 - Pre- and post-study solo performances at school that will be recorded; and,
 - Continuing to practice their performance piece.

I agree that the researcher may use the results as described in the plain language statement.

4. I acknowledge that:
 - (a) the possible effects of participating in the music-performance-skills program have been explained to my satisfaction;
 - (b) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;
 - (c) the project is for the purpose of research;
 - (d) my child is 12-18years of age and enrolled in private music lessons;
 - (e) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements;
 - (f) I have been informed that with my consent the data files will be stored at University of Melbourne and will be destroyed after five years;
 - (g) I have been informed that a copy of the research findings will be forwarded to me, should I agree to this.

I wish to receive a copy of the summary project report on research findings

☐ **yes** ☐ **no**
(please tick)

If yes, please provide your email for the summary report:

Parent signature:

Date:

Student signature:

Date: