# Independent Review into Parliamentary practices and procedures to support workplace culture

# Consent Form: Parent/Guardian of Review participants under the age of 17 years old

Review participants who are under the age of 17 years old **must** provide this completed consent form by their parent/guardian in order to participate in the Review.

I have legal responsibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am legally competent to give consent to their participation in the Review. I consent to them participating in the Review by:

* Written submission
* Verbal submission
* Interview

## I consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating in the Review:

* I understand I am free to withdraw my child’s participation at any stage and my withdrawal will not affect my, or my child’s, relationship with the MPS Workplace Review Team, the Anti-Discrimination Commissioner or Equal Opportunity Tasmania.
* I have read the included information, or someone has read it to me in a language that I understand.
* I have discussed participation in the Review with my child and they are willing to participate.
* I understand that the MPS Workplace Review Team and/or Anti-Discrimination Commissioner (the Commissioner) are receiving information from my child as part of their written/verbal submission and/or interview.
* I understand that the information collected about my child will be used for purposes relating to this Review only.
* I understand that what my child says during the course of providing a written or verbal submission and/or interview may be referred to, quoted or used by the Commissioner for the purposes of the Review, but that information will not be attributed to my child, or identify my child. If information shared by my child is included in public resources developed by the Commissioner in connection with the Review, these will be published under a Creative Commons license and the contents of the public resources will be able to be used for other purposes.
* (If applicable) I understand that the MPS Workplace Review team will record the verbal submission/interview and I agree for my child to be recorded for this purpose.
* I understand that I can at any point request that the MPS Workplace Review team not record the verbal submission/interview.
* I understand that if my child gives information that indicates that another child may be at risk at harm, the Commissioner may choose to report this information to the relevant authorities.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I understand that the results of the Review will be available on Equal Opportunity Tasmania’s website.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_