**Consent to Participate in Research**

This project has been approved by the University of South Australia’s Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: Vicki.Allen@unisa.edu.au, or my Supervisor, Dr Barbara Spears, Tel: +61 8 8302 4500; Email: Barbara.Spears@unisa.edu.au.

### SECTION 1: CONTACT AND PROJECT DETAILS

<table>
<thead>
<tr>
<th>Researcher’s Full Name:</th>
<th>Larisa Karklins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Details:</td>
<td><strong>Ph: 8302 4150</strong> E: <a href="mailto:larisa.karklins@mymail.unisa.edu.au">larisa.karklins@mymail.unisa.edu.au</a></td>
</tr>
<tr>
<td>Protocol Number:</td>
<td>0000031405</td>
</tr>
<tr>
<td>Project Title:</td>
<td>An investigation into the relationship between cyberbullying, coping, and help seeking among young adolescents</td>
</tr>
</tbody>
</table>

### SECTION 2: PARTICIPANT CONSENT

In signing this form, I confirm that:

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that I am not obliged to disclose information about illegal behaviours. I understand that this survey is anonymous and there is no identifying information that can personally identify me.
- I understand that if I am selected for an interview, that it will be audio-taped.
- I understand that, as the researcher is a mandated notifier, if I am selected for an interview and if any information I disclose suggests I am in need of help or support, the researcher is required to take certain actions.
- I understand the data will be stored for an additional 5 years after the completion of the project under password protection by the researcher.

Would you like to be contacted for a short follow-up interview?

- [ ] Yes  - [ ] No

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**Participant Signature**

**Printed First and Last Name**

**Date**

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### SECTION 3: PARENTAL CONSENT (Participants under 18 years of age must have a parent/carer complete this part)

As parent/carer, I confirm that:

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
4. I understand that:
   - My child may not directly benefit from taking part in this research.
   - My child is free to withdraw from the project at any time and is free to decline to answer particular questions.
   - While the information gained in this study will be published as explained, my child will not be identified, and individual information will be confidential.
   - Whether my child participates or not, or withdraws after participating, will not affect her/his status now or in the future.

Do you consent for your child to be involved in an online survey?

- [ ] Yes  - [ ] No

Do you consent for your child to be involved in a short follow-up interview?

- [ ] Yes  - [ ] No

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**Parent/carer Signature**

**Printed Name**

**Contact Number**

**Email**

**Date**

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**Researcher Certification**

I have provided a written information sheet to the participant and have included my contact details should they have any questions.

[Signature]

| Larisa Karklins | 18/06/2014 |