



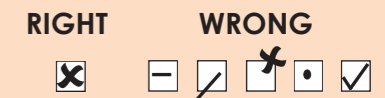
THE UNIVERSITY OF  
WESTERN AUSTRALIA

# Young Minds Matter

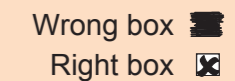
## Consent Booklet (14 – 17 year olds)

### HOW TO COMPLETE THIS BOOKLET

Use only **black** pen. Do not mark any areas outside the box. Answers can be made by marking a **cross** in one of the boxes, like this:



If you need to change an answer, completely fill in the wrong box and put a **cross** in the box that you want to answer, like this:



Some questions are answered by writing a number inside one or more boxes, like this:



When there is more than one box, please fill in the boxes from left to right, including zeros, like this:



Other questions will ask you to write your answer in the box provided. Please ensure that you print your answers like this in **BLOCK LETTERS**:  
**Please do not write or make marks elsewhere on this form, except where indicated.**



BOOKLET ID:

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HOUSEHOLD ID:

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# P1 – Young Minds Matter Parent/Guardian Consent Form (for completion by Parent/Guardian)

## Consent to participate in the survey

- I have read and understood the information about the *Young Minds Matter* survey in the brochure. I have been given the opportunity to ask questions and I agree to participate in the survey.
- I give permission for my child aged 11 – 17 to participate in the survey.
- I give permission for my child aged 14 – 17 to be asked for their consent to access their Medicare and PBS claims data.

## Nine-month survey follow-up

To gain a better understanding of how the wellbeing of young people may improve, how their feelings may change over time, and how young people cope with change in their lives, the *Young Minds Matter* team would like to speak to survey children again about nine months from now. We only want to talk for about 15 minutes on the phone. Parents and guardians will be contacted by phone to request their child's involvement in this follow-up, and young people will be reimbursed to the value of \$20 for their time.

- I give permission to be contacted again in approximately nine months' time to request a brief interview with my child aged 12 – 17.

## Child's Name

Last name:

First name:

Middle name:

## Parent/Guardian Authorisation

Full name:

Signature:

Date:  /  /

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# N1 – NAPLAN Consent Form

The National Assessment Program – Literacy and Numeracy (NAPLAN) tests are undertaken during May each year in Year's 3, 5, 7 and 9. We are seeking access to your child's results for the purposes of the *Young Minds Matter* survey as these, together with other information from the survey, will help us to better understand the links between children's social and emotional wellbeing and their school achievement.

I have been given the information brochure and the opportunity to ask questions about the *Young Minds Matter* survey and how the survey will access, store, use and disclose information about me and my child.

I give my consent for the release of results from NAPLAN tests that my child has already completed and any future tests undertaken up until and including 2016.

In giving my consent I understand that:

- This consent form will be provided to the relevant state or territory testing authority for the purposes of providing the required information. If my child has completed NAPLAN tests in the past in a different state or territory, each authority will be contacted for these past results.
- These results will be treated as confidential and no identifying information will be released from the survey that allows any external party to identify my child from the data.
- I have the right to withdraw my consent for the release of my child's NAPLAN results at any time and this can be done by following prompts on the website [www.youngmindsmatter.org.au](http://www.youngmindsmatter.org.au) or by email to [youngmindsmatter@icmr.uwa.edu.au](mailto:youngmindsmatter@icmr.uwa.edu.au). For tests undertaken by my child prior to 2014, however, I must inform the research team prior to March 2014 to allow for this information to be withdrawn from the main data set and not used in any initial analysis. For NAPLAN tests undertaken by my child between 2014 and 2016, withdrawal will be valid from the date that the research team receives notification of withdrawal.

## Child's Details

Please complete the following in BLOCK LETTERS:

Full name of child: (as per school registration)

Last name:

First name:  Middle name:

Name of current school: (in full)

Suburb:  State:

Child's date of birth:  /  /  Child's sex: Male  Female

## Parent/Legal Guardian Authorisation

(signature) on behalf of participant:  (full name):

Signed by:

Date:  /  /

Relationship to child: Parent  Legal guardian  Other  OFFICE USE ONLY

**A sample of the information that may be included in your child's Medicare claims history:**

Date of service	Date of Processing	Item number	Item description	Provider charge	Schedule Fee	Benefit paid
20/04/09	03/05/09	00023	Level B consultation	\$38.30	\$34.30	\$34.30
22/06/09	23/06/09	11700	ECG	\$29.50	\$29.50	\$29.50

Patient out of pocket	Bill type	Hospital indicator	Item Category	Provider derived major speciality
\$4.00	Cash	N	1	General Practitioner
	Bulk Bill	N	2	Cardiologist

**A sample of the information that may be included in your child's PBS claims history:**

Date of supply	Date of prescribing	PBS item code	Item description	Patient category	Patient contribution	Net Benefit	Form Category	Prescriber derived major speciality
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	\$25.55	Original	General Practitioner
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	\$30.85		Repeat	Psychiatrist

**Y1 – Young Minds Matter  
Youth Consent Form  
(for completion by Youth)**

**Consent to participate in the survey**

I have read and understood the information about the *Young Minds Matter* survey in the brochure. I have been given the opportunity to ask questions and I agree to participate in the survey.

**Your Details**

Full name:

Last name:

First name:

Middle name:

**Authorisation**

Youth signature:

Date:      day      month      year  
 /  /

BOOKLET ID:

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# M3 – Medicare and PBS Form

## Participant (14 – 17 year old) Consent Form

BOOKLET ID:

Consent to release of Medicare and Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of the *Young Minds Matter* survey.

### Important Information

Complete this form to request the release of personal Medicare and PBS claims information to the *Young Minds Matter* survey. This form is to be completed by young people aged between 14 and 17 in 2013.

Any changes to this form must be initialled by the signatory. Incomplete forms may result in the survey not being provided with your information.

By signing this form, I acknowledge that I have been fully informed and have been provided with information about this survey. I have been given an opportunity to ask questions and understand the possibilities of disclosures of my personal information.

### PARTICIPANT DETAILS

1. Master  Miss

Family name:

First given name:

Other given name(s):

Date of birth:   /   /

2. Medicare card number (1):

Ref no:

Medicare card number (2):

Ref no:

3. Primary address:

Secondary address:

Postal address:  
(if different to above)

### AUTHORISATION

4. I authorise the Department of Human Services to provide my:

Medicare & PBS claims history from date of birth to 31 December 2015 to the *Young Minds Matter* survey.

### DECLARATION

I declare that the information on this form is true and correct.

(participant's signature)

5. Signed:

Dated:   /   /

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