





Young Minds Matter

Consent Booklet (11 – 13 year olds)

HOW TO COMPLETE THIS BOOKLET

Use only black pen. Do not mark any areas <u>outside</u> <u>the</u> <u>box</u> . Answers can be made by marking a cross in one of the boxes, like this:	RIGHT WRONG E
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:	Wrong box E Right box E
Some questions are answered by writing a number inside one or more boxes, like this:	2 4
When there is more than one box, please fill in the boxes from left to right, <u>including zeros</u> , like this:	06
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.	JAMES

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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.

BOOKLET ID:

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 or by email to youngmindsmatter.@ichr.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

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Firs	t nam	ne											_	Midd	lle na	ame										
Naı	me of	f cur	rent	scho	ool: (in ful	II)																			
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Other

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month

Relationship to child: Parent Legal guardian

Signed by:

Date:

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

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P1 – Young Minds Matter Parent/Guardian Consent Form

(for completion by Parent/Guardian)

	I have read and understood the information about the <i>Young Minds Matter</i> 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 aned 11 – 17 to	participate in the survey.
I give permission for m	y china agea i i i i to	participate in the survey.

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 aga	in in approx	imately nine	months'	time to	request a	a brief
Ш	interview with my child	aged 12 – 17.						

Child's Name

Full name:

Last name:								
First name:								
Middle name:	Middle name:							

Parent/Guardian Authorisation

Signature:		
Date:	day month year / / / / / / / / / / / / / / / / / / /	
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M2 – Medicare and PBS Form									
Parent Consent Form when child aged 12 – 13 years									
Consent to release of Medicare and Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of he Young Minds Matter survey.									
Important Information									
Complete this form to request the release of personal Medicare and PBS claims information to the <i>Young Minds Matter</i> survey. This form is to be completed by the parent of children aged 12 to 13 in 2013.									
Any changes to this form must be initialled by the signatory. Incomplete forms may resu provided with your information.	It in the survey not being								
By signing this form, I acknowledge that I have been fully informed and have been provi this survey. I have been given an opportunity to ask questions and understand the poss personal information.									
PARTICIPANT DETAILS									
1. Master Miss									
Child's family name:									
Child's first given name:									
Child's other given name(s):									
_day month year									
Child's date of birth:									
2. Child's Medicare card number:	no:								
Does the child currently receive services using another Medicare card? Yes	No _								
3. Child's primary address:									
Child's secondary address:									
Postal address: (if different to above)									
	<u>'</u>								
AUTHORISATION 4. I authorise the Department of Human Services to provide my child's:									
Medicare & PBS claims history from date of birth to 31 December 2013 to the Yo	ung Minds Matter survey.								
DECLARATION									
I declare that the information on this form is true and correct.									
(signature) on behalf of participant (ful	(signature) on behalf of participant (full name)								
5. Signed by:									
day month year									
Dated: / / / /	7 0								
	Parent (where the participant is under the age of 14 years) 7 8 OFFICE USE ONLY								

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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
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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

F	ull r	nam	e:												
La	st n	ame	:												
Fi	rst n	ame	:												
M	iddle	e nar	ne:												

Authorisation

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Youth signature:]

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Date:		/			/			

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	BOOKLET ID:							
M1 – Medicare and PBS Form								
Parent Consent Form when child under 12 years								
Consent to release of Medicare and Pharmaceutical Benefits Scheme (PBS) claims info the Young Minds Matter survey.	Consent to release of Medicare and Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of the Young Minds Matter survey.							
mportant Information								
Complete this form to request the release of personal Medicare and PBS claims information and PBS claims informations. This form is to be completed by the parent of children aged 4 to 11 in 20.								
Any changes to this form must be initialled by the signatory. Incomplete forms may result or ovided with your information.								
By signing this form, I acknowledge that I have been fully informed and have been provi his survey. I have been given an opportunity to ask questions and understand the poss personal information.								
PARTICIPANT DETAILS								
. Master Miss								
Child's family name:								
Child's first given name:								
Child's other given name(s):								
_day								
Child's date of birth: / / / / / / / / / / / / / / / / / / /								
2. Child's Medicare card number:	no:							
Does the child currently receive services using another Medicare card? Yes	No 🗌							
3. Child's primary address:								
Child's secondary address:								
Postal address: (if different to above)								
AUTHORISATION								
I. I authorise the Department of Human Services to provide my child's:								
Medicare & PBS claims history from date of birth to 31 December 2015 to the Yo	ung Minds Matter survey.							
DECLARATION								
declare that the information on this form is true and correct.								
(signature) on behalf of participant (ful	II name)							
5. Signed by:								
day month year								
Dated: / / /	5 6							
The first twine is the participant is under the ade of 17 years)	FFICE							

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