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# WRITTEN SUBMISSION

# PARTICIPANT CONSENT FORM

The Australian Human Rights Commission is conducting an inquiry on how best to protect the human rights of people born with variations in sex characteristics in the context of medical interventions.

Written submissions are being sought to contribute to this process. The information you provide will be used for research purposes only. Your information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be individually identifiable in these publications.

This inquiry has received ethics approval from the University of Sydney. A copy of the Participant Information Statement, which contains more detailed information about this research, is available on the Commission’s website.

If you are distressed in the preparation of your submission or would like further support, you can contact Androgen Insensitivity Syndrome Support Group Australia ([aissgaustralia@gmail.com](mailto:aissgaustralia@gmail.com)), Lifeline (13 11 14) or QLife (1800 184 527).

This consent form is required to be submitted alongside your submission. Without this form, the information you provide will not be used to inform our research inquiry.

I have read the Participant Information Statement

I am 18 years old or older

I understand that personal information that is collected about me will be stored securely and will only be used for purposes that I have agreed to

I understand that unidentifiable personal data may be stored in perpetuity

I understand that in completing the exercise I consent to the sharing of unidentifiable personal information with others

**Do you give permission for the Commission to publish information that identifies you?** (organisations only): Yes No

Further comment:

If you consent to being involved in the inquiry, please fill out the following:

**Name (individual/organisation):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_