

**Instructions:**

- Sign and complete this form in the presence of a witness
- Ask the witness to sign this form
- The witness must be 18 years or older
- Email a copy of the signed form to the researcher at this email address [t.voogt@uq.edu.au](mailto:t.voogt@uq.edu.au)



**TC Beirne School of Law**  
**HEAD OF SCHOOL**  
**Professor Patrick Parkinson**

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### Consent Form to be Interviewed

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**Project Title:** Small Australian firm business structures  
**Researchers:** Dr Thea Voogt, TC Beirne School of Law, The University of Queensland (UQ)  
 Professor Ross Grantham, TC Beirne School of Law, UQ  
 Professor Martie-Louise Verreynne of the UQ Business School

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- I have read and understood the information provided about this research project in the Interview invitation information sheet dated February 2019.
- I have had the opportunity to ask questions and to have them answered.
- I understand that the interviews will be audio-recorded and transcribed.
- I understand that the analysis of this transcribed data will not start before I have reviewed and confirmed that the transcription is an accurate account of the interview.
- I understand that I may withdraw myself or any information that I have provided for this project at any time before analysis starts, without being disadvantaged in any way.
- In the event that I withdraw, I understand that all relevant audio-recordings, transcripts, observation notes and documents, or parts thereof, will be destroyed and excluded from the analysis.
- As a participant in this study I understand that I can expect full confidentiality and I elect to
  - be identified as an individual / not be identified as an individual (please delete one)
  - be identified as a business / not be identified as a business (please delete one).
- I have the authority to disclose business information.
- I agree to take part in this research.
- I have read and understand my rights and obligations as set out above.

<b>Business name:</b>	
<b>Participant first name and surname :</b>	
<b>Participant signature :</b>	
<b>Witness first name and surname:</b>	
<b>Witness signature:</b>	
<b>Date:</b>	

Email the completed form to: [tvoogt@uq.edu.au](mailto:tvoogt@uq.edu.au)

Note: The participant should retain a copy of this form.