

# My Health Choices My Way

## Mascot Contest

### CONSENT FORM

The full name of this document is

- Participant consent form.



This document is a **consent form** for

- the My Health Choices My Way mascot contest.



A **consent form** says that you:

- know what the contest is about
- say yes to taking part.



This form is for young people who:

- have intellectual disability
- are 12 to 28 years old
- live in Australia.



If you say yes to participating it means that

- you also say yes to the things below.



I understand what being in this contest means to me.



I know I am participating in an online mascot contest.



I know that I do not have to be

- in the contest if I do not want to.



If I participate in the contest, I need to read:

- [Participant information statement](#)
- [Terms and conditions of the mascot contest](#)



I know that to take part in this contest I need

to:

- have an intellectual disability
- be 12-28 years old
- live in Australia.



I know that it is free to be in this contest.



I know that my art needs to be about health care.



I know my art must be my own work.



It cannot be made by:

- someone else or
- **Artificial intelligence**

We say **AI** for short.



**Artificial intelligence (AI)** is when computers can

- draw pictures
- give you ideas.



I know that I will still own my own design

- if I enter the contest.



I know I am sending a digital copy of my art.



I know this means

- it will be a picture of my art
- shown on the My Health Choices My Way website
- <https://healthmyway.au/>.



I know that I have to send a digital copy of my design by

- 30 June 2026.



I know I need to send a

- description of my design
- title for my art work
- when I email this form to
- [healthmyway@unsw.edu.au](mailto:healthmyway@unsw.edu.au)

I know this is called my **artist's statement**.



Some questions to help you make your **artist statement** are:

- what does health care transition mean to you
- what are examples of good health care practice
- why did you choose to make this mascot design.

Write about your mascot design \*

I know this can be:

- typed
- voice recorded.

Tell us about your artwork

 Record 0:00/3:00



I know I can choose

- what I do want to say about my art work
- I do not want to say anything about my art work.



I know that I have to give

- some information with my art work.



I know the project team will need this information

- to contact me if I have won.



I know my art work will be presented

- on the project website.



I know I can choose if my name is showed

- on the project website with my art work.



I know there will be a judging panel.



I know the judging panel will help decide

- who has won the contest.



I know the winner will get an iPad.



I know the winning mascot will be used on project:

- videos
- resources
- website.

## Other information



I have been told that

- I can change my mind at any time.



I know this means

- I can stop being in the contest at any time
- no one will be angry.



I know the team will delete my information

- if I decide I do not want to enter the contest anymore.



I know I can only change my mind

- before 30 June 2026.



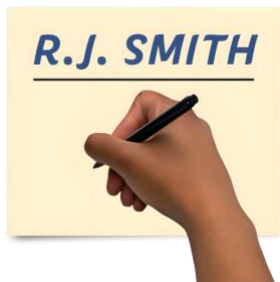
If the mascot has already been used in project materials

- then it cannot be removed.

## For you to sign if you are 18 to 28



To say yes to this consent form you need to sign it.



Write your name in the box



Write your date of birth in the box



Name of your design (optional)



I am signing this because

- I understand this contest
- I want to take part

I agree to my design being used.



Sign your name in the box



Write the date in the box



Write your phone number in the box



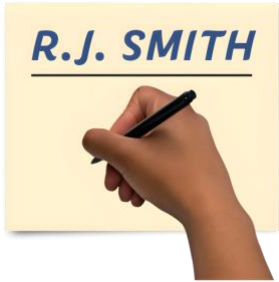
Write your email address in the box



Have a **witness** sign their name and date in the box

A **witness** is someone who saw you sign the consent form.

## For you to sign if you are under 18



Write your name in the box



Write your date of birth in the box



Name of your design (optional)



I am signing this because

- I understand this contest
- I want to take part

I agree to my design being used.



Sign your name in the box



Write the date in the box



Write your phone number in the box



Have a **witness** sign their name and date in the box

A **witness** is someone who saw you sign the consent form.



Have your parent or guardian fill out this section:

Parent/guardian full name

Child's name



I am signing this form because

- I understand this form
- I agree for my child to take part

I agree for the artwork to be used.



Parent/guardian signature



Date



Phone number



Email address

**If you have any questions**



You can contact us.



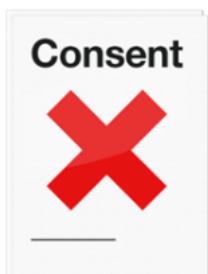
Email: [healthmyway@unsw.edu.au](mailto:healthmyway@unsw.edu.au)



Please fill out the form below if you want to stop taking part.

# My Health Choices My Way

## I do not want to take part anymore



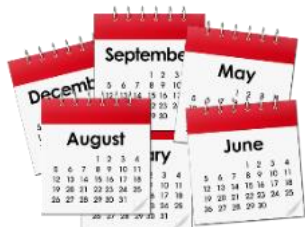
I do not want to take part.

I do not want you to use what I design.

I signed this form because I changed my mind.



Sign your name in the box



Write the date in the box



Have a **witness** sign their name and date in

the box

A **witness** is someone who saw you sign the form.



You can send this form to

- [healthmyway@unsw.edu.au](mailto:healthmyway@unsw.edu.au)