**Debrief Statement**

**ACU School of XXX (eg: *Behavioural and Health Sciences)***

**Debriefing Statement**

PROJECT TITLE: **XXXXX**

**Dr. XXX (Responsible Researcher)**

Tel: XXXX XXXX; email: [XXXX@acu.edu.au](mailto:XXXX@acu.edu.au)

**Ms. XXX XXX (PhD student)**

**Ms XXXX (Masters student)**

**Ms XXXX (Honours student)**

etc

Thank you for taking the time to participate in this study. Your participation is greatly appreciated! We previously informed you that the purpose of the study was *(insert a brief statement about the purpose of the study).* However, In order to obtain the information we were looking for, we withheld some information / or provided you with incorrect information about some aspects of this study. Now that the experiment is over, please see the detailed information below explaining why we provided limited disclosure/deception as to the true nature of this research study. We are happy to answer any of your questions and provide you with the opportunity to decide on whether you would like to have your data included in this study.

What the study really is about

*Provide a clear, concise explanation in lay language of the actual purpose of the research. Include how and why the participant was deceived, and which parts of the study were real and which parts were false.*

Your participation today is appreciated and will help *(insert information about how this research will benefit/help)*

All the information we collected in today’s study will be confidential, and there will be no way of identifying your responses in the data archive. We are not interested in any one individual’s responses; we want to look at the general patterns that emerge when the data are aggregated together. If you choose to withdraw, we will delete all of your data.

*(if applicable)* We ask that you do not discuss the nature of the study with others who may later participate in it, as this could affect the validity of our research conclusions. If you have any questions or concerns, you are welcome to talk with (Researcher Name) at (Researcher phone number and email). If your participation in this study has caused you concerns, anxiety, or otherwise distressed you, please contact *(provide discipline relevant support service options eg: Butterfly Foundation (xx) xxxx xxxx. You must not refer external people* *to the University Counselling Service as this service only supports University students.]*

This research has been reviewed and approved by the ACU Human Research Ethics Committee. *Ethics ID: (insert ethics number here, this is the same as the Orion number of your ethics application).* If you have any concerns about the conduct of this project, please contact the Research Ethics and Integrity Manager, Office of the Deputy Vice-Chancellor (Research and Enterprise), Australian Catholic University (Tel: 02 9739 2519) Email: resethics.manager@acu.edu.au.

I have read the debrief and I understand the true intent of and the purpose of my participation in this study and

☐ YES – I agree for my data to be included in analyses.

☐ NO – I request that my data not be included in analyses.

THANK YOU AGAIN FOR YOUR PARTICIPATION