

## **Consent form**

Research Title: General flowering mapping project

Researcher(s): Zoë Lieb and Dr Matthew Luskin Centre for Biodiversity and Conservation Science,

| The Goddard Building, School of the Environment, University of Queensland, University Dr, St Lucia<br>QLD 4067.  |  |
|--|--|
| Name of the participant:   |  |
| I consent to participate in this research project. It has laresearch is to understand key information around gene<br>knowledge of when and where such events occur. I had information sheet in a language that I can understand.   | eral flowering events in Asia, and to gather ve also been provided with a written project  |
| The possible risks of participating in this research have understand that in this research I will be required to coanswer questions relating to my interest in general flowering events have occurred, and to gauge my interevents this year.  | omplete a 10 – 15 minute survey where I will wering mapping, where I know of general   |
| I understand that my participation is voluntary, and I a without needing to provide any explanation, and I woumy withdrawal. Should I decide to withdraw, I underst be used in the research. I will be allocated a user ID who spreadsheet separate from my survey responses, this withdrawal upon my request. Prior to publication my national longer required. | ald not receive any penalty or bias as a result of<br>and that my data will be destroyed and will not<br>nich will be stored with name in a coded<br>will allow my data to be identified and |
| I understand that data collected for this research will be and Matthew Luskin have access to. Once the survey is stored onto Zoë Lieb's personal password protected Deleted and only Tom Bruce and Matthew Luskin will be stored on Zoë Lieb's password protected ArcGIS Online number of participants, it is not possible to guarantee                          | s closed the data will be downloaded and ropbox account and the survey form will be nave access to the data. Spatial data will be account. I understand that given the small                 |
| I consent for my non-identifiable data to be used in fut<br>to this project after receiving human research ethics a  |  |
| I understand that this research adheres to the Guidelin<br>University of Queensland and the National Statement of<br>been provided with contact details of the researcher, a   | on Ethical Conduct in Human Research. I have   |
| Participant signature:   | Date:  |
| Parent/guardian signature:   | Date:  |
| Relationship to the participant:   |  |

Ethics ID number: 2023/HE001487