



2018 InCAS Agreement to Participate Form

Return this form via email to incas-edu@uwa.edu.au

Please keep a copy for your records. We will confirm receipt of your school's registration for 2018 InCAS by email. Please contact us if you do not receive the email within two weeks of returning the form.

*** SIGNATURE IS REQUIRED FOR BOTH PART A and PART B ***

Part A: Agreement to use InCAS in 2018

| School Details | |
|---|-------------------------------------|
| Name of School: | |
| Type: | Catholic / Government / Independent |
| Postal Address: | |
| School Email: | |
| Phone: | |
| Please nominate an InCAS contact. This person will receive all InCAS communications throughout the year | |
| Name (First and Last): | |
| Position: | |
| Email: | |
| Please provide details for your school Principal | |
| Name (First and Last): | |
| Position: | |
| Email: | |

| Estimate of student numbers (for material collection) | | | | |
|---|---------|---|---------|----------|
| Estimated number of students to be assessed: | | Estimated number of classes to be assessed: | | |
| Please give an estimate of how many students will be assessed in each year level: | | | | |
| Year 1: | Year 2: | Year 3: | Year 4: | Year 5: |
| Year 6: | Year 7: | Year 8: | Year 9: | Year 10: |

I agree to the fees and conditions as outlined by InCAS Australia in the 2018 InCAS Registration information.

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|---------------------------------|
| Principal's Name (Print): _____ |
| Signature: _____ Date: _____ |

Part B: Permission to use your school's data for research project "InCAS Australia"

Every year we have to standardise the data in order to give you up-to-date comparative feedback that involves using everyone's data anonymously. **The data does not identify school or student names as all identifying information is removed before pooling the data.** Additionally, we use the results to look for patterns in data and to produce findings for the benefit of everyone. Such research would not involve using the names of schools or students. The University of Western Australia employs strict security procedures to ensure that all data held (both electronically, and on paper) are kept safely and securely.

Signing below indicates consent for the use of your school's InCAS data for this purpose. The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the researcher or, alternatively to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number (08) 6488 3703). All study participants will be provided with a copy of the Information Sheet and Consent Form for their personal records.

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|---------------------------------|
| Principal's Name (Print): _____ |
| Signature: _____ Date: _____ |