**Project title:**

**Principal Researcher:**

**Associate Researchers:**

**Barwon Health Reference Number:**

You are invited to take part in this research project, titled **Study title**. You have been invited because **reason**.

This Participant Information Sheet/Consent Form tells you about the research project. It explains the processes involved if you decide to take part. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don’t understand, or want to know more about.

Participation in this research is voluntary. If you don’t wish to take part, you don’t have to.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

• Understand what you have read

• Consent to take part in the research project

• Consent to be involved in the research described

• Consent to the use of your personal information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

1. **What is the purpose of this research?**

The aim of this study is to

1. **What does participation in the research involve?**
2. **What are the possible benefits of taking part?**
3. **What are the possible risks and disadvantages of taking part?**
4. **Do I have to participate in this research?**

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project any time before or during the focus group (see section 8 – What if I withdraw from this research project?). You can choose not to respond to particular questions during the focus group.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your position within your health service.

1. **What do I do if I want to participate in this research project?**
2. **What if I want to withdraw from this research project?**

If you commence the study and then wish to withdraw, please notify a member of the research team and complete the attached ‘Withdrawal of Consent Form’.

1. **What will happen to the information about me?**
2. **Ethical oversight, complaints and further information**

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HREC at Barwon Health **(project** **reference number)**.

If you would like any further information concerning this project or if you have any medical problems which may be related to your involvement in the project (for example, any side effects), you can contact the principal investigator:

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Email** |  |
| **Organisation** |  |

If you have any concerns or complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, you may contact Barwon Health’s Complaints Liaison Officer and tell them you are calling regarding project **Barwon Health Reference Number, Study Title**.

|  |  |
| --- | --- |
| **Complaints contact** | **Complaints Liaison Officer** |
| **Address** | PO Box 281, University Hospital Geelong, Bellerine St, Geelong, VIC 3220 |
| **Telephone** | (03) 4215 1251 |
| **Email** | Consumer.LiaisonOfficer@barwonhealth.org.au |

**TO:**

**Project title:**

**Barwon Health Reference Number:**

**Consent Agreement**

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

**Declaration by Participant – for participants who have read the information**

|  |
| --- |
|  |
|  | Name of Participant (please print) |  |  |  |  |
|  |
|  | Signature |  |  Date |  |  |
|  |

**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

|  |
| --- |
|  |
|  | Name of Study Doctor/Senior Researcher/Study coordinator†  |  |  |
|  |  |
|  | Signature |  |  Date |  |  |
|  |

† A member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

**TO:**

**Project title:**

**Barwon Health Reference Number:**

**Declaration by Participant**

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment or my relationship with those treating me.

|  |
| --- |
|  |
|  | Name of Participant (please print) |  |  |  |  |
|  |
|  | Signature |  |  Date |  |  |
|  |

**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

|  |
| --- |
|  |
|  | Name of Study Doctor/Senior Researcher/Study coordinator† (please print) |  |  |
|  |  |
|  | Signature |  |  Date |  |  |
|  |

† A member of the research team must provide the explanation of and information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.