**Study Title**

**Consent Form for Participation in a Research Project.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of participant)*

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(address)*

have been asked to consent to participation in a research project entitled:

**Study title**

In relation to this study I have read the Participant Information Sheet and have been informed of the following points:

* + 1. Approval has been given by the ACT Health Human Research Ethics Committee.
    2. The aim of the study is to **state aims**
    3. The results obtained from the study may or may not be of direct benefit to me
    4. The study procedure will involve **state what is involved** (including audio and/or video recording, methods/term of storage/transcription/destruction)
       - Audio recording
       - Video recording
    5. Should I have any problems or queries about the way in which the study was conducted, and I do not feel comfortable contacting the research staff, I am aware that I may contact the ACT Health Human Research Ethics Committee Secretariat, Canberra Hospital, Yamba Drive, Garran ACT 2605 (ph: 6174 7968)
    6. I can refuse to take part in this project or withdraw from it at any time without giving a reason
    7. I understand that while the results of the research will be made accessible my involvement and my identity will not be revealed.

After considering all these points, I accept the invitation to participate in this study.

**Name:** (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** (Participant) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator:** (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** (Investigator) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**