

CONSENT FORM

I of
 having been informed by
 agree to participate in a research project titled
 Researcher's Name

.....
 Title of Project
 and I have read the Information statement.

I have been informed of the following:

1. The research has been approved by the Royal Rehabilitation Centre Sydney Ethics Committee.

2. The aim of the project is to:
 Brief Aim

3. The procedure will involve:
 Brief Procedure

4. I have been informed of the following risks involved:

 List risks, if no risk involved, this statement can be omitted.

5. My participation is voluntary and I can refuse to take part in this project or withdraw from it at any time without affecting the treatment and therapy offered by Royal Rehab/ my employment at Royal Rehab.

6. All information collected about me will remain strictly confidential. Published data will not contain any information that can identify me in any way.

7. My participation in this project will not result in any financial cost to me.

8. If I have any questions I can contact On
 Contact Person Phone Number
 during normal office hours.

9. I have/have not participated in any other research project in the last 3 months.
 If I have, the details are as follows:

10. I understand that I may refuse to participate in multiple research projects simultaneously.

11. I/we have read and understand the Participant Information Sheet.

Signed: Dated:

Witness: Dated
 Name of Witness

Note:

1. You will be given a copy of Information Sheet by the principal Investigator when it has been signed.
 2. If at any time you have a concern about this project, please discuss it with the Principal Investigator and/or the Royal Rehabilitation Centre Sydney Ethics Committee, c/- Executive Officer, PO Box 6, Ryde, NSW, 1680.
- Telephone (02) 9807 1144. Email: ethics.committee@royalrehab.com.au.
 Version 5 December 2009

PARTICIPANT INFORMATION SHEET

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