

CONSENT FORM

FOR INVOLVEMENT OF PARTICIPANTS IN RESEARCH

at
(Approved by The Melbourne Clinic Research Ethics Committee)

I,
(Name of Participant)

agree to participate in a research project entitled:

.....

being conducted by:
(Name of Principal Researcher)

My agreement is based on the understanding that:

1. My involvement entails:

2. The following risks, discomforts and inconveniences have been explained to me:

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3. I have read the attached "Patient Information Sheet" and understand the general purposes, methods and demands of the project.
4. I understand that the project may not be of direct benefit to me.
5. I can withdraw from the project at any time without my further therapy being affected in any way.
6. I am satisfied with the explanation given in relation to the project in so far as it affects me.
7. My consent to participate in this project is given freely.
8. I have been informed that the information I provide will remain confidential.

SIGNED
(Participant)

DATE

SIGNED
(Researcher)

DATE