

Connections Matter for Healthy and Active Aging: Partnering with the New Norfolk Community to design new university rural health training initiatives

PARTICIPANT CONSENT FORM

Research team

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By signing below, I confirm that I have read and understood the information sheet and in particular:

- I have been informed of and understand the purpose of the study.
- I understand that my involvement in this research will include participating in one or two focus group discussions that will be conducted face-to-face and are approximately two hours long, and reading and reflecting on written information and materials.
- I understand that the research includes the researcher's audio recording my participation in the focus groups and taking notes from the discussions. To minimise the risk of any possibility of third-party data sharing the audio transcriptions will be immediately transferred to UTAS files and deleted from the OTTER recording system following each focus group.
- I understand that participation involves the risk(s) that outline the risks identified in the information sheet and, if relevant, how these risks may be mitigated.

- Any questions that I have asked have been answered to my satisfaction.
- I understand that all study data will be securely stored in the researcher’s office in a locked filing cabinet and electronic data will be stored in a locked file on the University of Tasmania server. The computer and filing cabinet will be stored in a locked office at the University of Tasmania premises for duration of five years and will then be destroyed.

I agree that my study data can be used for this specific project

- I understand that the results of the study will be published so that I cannot be identified as a participant.
- I understand that my participation in this research is voluntary.
- I understand that I am free to withdraw at any time, without explanation or penalty.
- I understand that I will not be able to withdraw my data after completing the research as it has been collected anonymously.
- I agree to participate in the study as outlined to me.

Name	
Signature	
Date	

Statement by Researcher

I have explained the project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

If the researcher has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

The participant has received the Information Sheet where my details have been provided so participants have had the opportunity to contact me prior to consenting to participate in this project.

Name	
Signature	
Date	

