**Developing and Growing the *Palliative Care Workforce* in Tasmania**

**PARTICIPANT CONSENT FORM – Stakeholder Workshop (Family and Friends)**

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| Research team | Dr Sharon Andrews*,* School of Nursing, College of Health and Medicine, University of Tasmania (UTAS).  Ph: 02 85727936, E: [sharon.andrews@utas.eud.au](mailto:sharon.andrews@utas.eud.au)  Professor Christine Stirling,School of Nursing, College of Health and Medicine,UTAS  Dr Sara Karacsony, School of Nursing, College of Health and Medicine, UTAS  Dr Pathmavathy Namasivayam, School of Nursing, College of Health and Medicine, UTAS  Dr Maraym rouhi, School of Nursing, College of Health and Medicine, UTAS |

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

* I understand that my involvement in this research will include attendance at a two (2) hour online stakeholder workshop.
* That the workshop will be recorded for the purpose of developing a summary and that the recording will be destroyed once the summary has been developed.
* I understand that participation involves the risk(s) identified in the information sheet and, if relevant, how these risks may be mitigated.
* There is no obligation to take part in this study.
* I am free to withdraw at any time, without explanation or penalty.
* Any questions that I have asked to have been answered to my satisfaction.
* I understand that I will not be able to withdraw my data after completing the research as it has been collected anonymously.
* I understand that all study data will be securely stored on the researcher’s institution, the University of Tasmania premises, for five years from the publication of the study results and will then be destroyed.
* The results of the study will be published so that I cannot be identified as a participant.
* My data will only be used for the specific project.
* The research results will be made available to me and any published reports of this study will preserve my anonymity
* I agree to participate in the study

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| Name |  |
| Signature |  |
| Date |  |

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| **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. | |

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| Name |  |
| Signature |  |
| Date |  |

**Developing and Growing the Palliative Care Workforce in Tasmania**

**PARTICIPANT CONSENT FORM – Stakeholder Interview (Family and Friends)**

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| Research team | Dr Sharon Andrews*,* School of Nursing, College of Health and Medicine, University of Tasmania (UTAS).  Ph: 02 85727936, E: [sharon.andrews@utas.eud.au](mailto:sharon.andrews@utas.eud.au)  Professor Christine Stirling,School of Nursing, College of Health and Medicine,UTAS  Dr Sara Karacsony, School of Nursing, College of Health and Medicine, UTAS  Dr Pathmavathy Namasivayam, School of Nursing, College of Health and Medicine, UTAS  Dr Maryam Rouhi School of Nursing, College of Health and Medicine, UTAS |

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

* I understand that my involvement in this research will include participant in an interview with a member of the research team which will take no longer than one hour.
* I understand that the interview will be audio recorded.
* I understand that participation involves the risk(s) identified in the information sheet and, if relevant, how these risks may be mitigated.
* There is no obligation to take part in this study.
* I am free to withdraw at any time, without explanation or penalty.
* Any questions that I have asked to have been answered to my satisfaction.
* I understand that I will not be able to withdraw my data after completing the research as it has been collected anonymously.
* I understand that all study data will be securely stored on the researcher’s institution, the University of Tasmania premises, for five years from the publication of the study results and will then be destroyed.
* The results of the study will be published so that I cannot be identified as a participant.
* My data will only be used for the specific project.
* The research results will be made available to me and any published reports of this study will preserve my anonymity
* I agree to participate in the study

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| Name |  |
| Signature |  |
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| **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 |  |