



Participant Consent Form

I ,..... [PRINT NAME], give consent to my participation in the research project:

Exploring the impact of Chronic Disease on the roles and responsibilities of Aboriginal and Torres Strait Islander women: Is there a relationship between stress, psychosocial health and management of chronic disease for Aboriginal women?

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement with the researcher.
3. I understand that being in this study is completely voluntary – I am not under any obligation to consent.
4. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of my study may be published however no information about me will be used in any way that is identifiable.
5. I understand that I can withdraw from the study at any time without my withdrawal from the study impacting on my medical treatment.
6. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher or the University of Sydney now or in the future.
7. I understand that I can stop the interview at any time if I do not wish to continue. Should you request it, the audio recording will be erased and the information provided will not be included in the study.



8. I consent to my general practitioner (GP) being contacted by research staff if necessary.

General Practitioners Name: _____

General Practice Clinic: _____

Telephone Number: _____

9. I consent to:

- | | | |
|----------------------|-----|----|
| • Audio-recording | YES | NO |
| • Receiving Feedback | YES | NO |

If you answered YES to the “Receiving Feedback” question, please provide your details ie. Mailing address or email address.

Feedback Option

Address: _____

Email: _____

.....

Signature

.....

Please PRINT name

.....

Date