

## CONSENT FORM FOR PARTICIPATION IN RESEARCH

I, the participant being over the age of 18 years, hereby consent to participate as requested in surveys for the research project on the state-wide professional development program for allied health professionals (CPD for Allied Health)

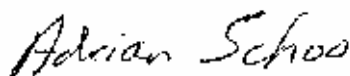
1. I have read the information provided.
2. Details of procedures and any risks have been provided to my satisfaction.
3. I agree to my information and participation being recorded via WebCT.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
  - I may not directly benefit from taking part in this research.
  - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
  - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
  - Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.
  - Whether I participate or not, or withdraw after participating, will have no effect on my progress in my course of study, or results gained.
  - I may ask that my participation be stopped at any time, and that I may withdraw at any time from the program or the research without disadvantage.
6. I have had the opportunity to discuss taking part in this research with a family member or friend.

### Participants Signature ( Electronic Consent ) Authorised when box is ticked

I certify that I have provided information related to the study to the account holder via a downloadable document and consider that she/he understands what is involved and freely consents to participation.

Researcher's name: **Dr Adrian Schoo**

Researcher's signature



Date 20-4-2007