DD MM YEAR

Consumer participant information sheet

[Insert name of organisation] is committed to improving the health system, and the health experiences and outcomes for the community.

Introduction

You are invited to take part in [insert project and/or activity]*.* The outcomes will contribute to the improvement of the quality and experience of people using [insert health service]*.*

Before you decide to take part, it is important for you to understand why we would like you to take part. It is also good to understand what it will involve. Please take the time to read the following information and discuss it with others if you wish.

What is this activity about?

This [insert activity, e.g. interview, focus group, workshop, etc] ispart of our organisation’s work to improve the experiences for people using our [insert your program/team and the specific services you are working on].

Specifically, this will [insert specific purpose and desired outcome of the activity for the project].

Why have you asked me to participate?

We are looking for people with experience of using our health service. Your experience can provide valuable insight into what works well and not so well. You can tell us what can improve for people using the service in the future.

If you participate, what will we ask you to do?

If you agree to take part, you will be asked to provide written, verbal or digital consent and join us in [insert activity/s e.g., a focus group, interview testing discussion, workshop etc].

 **Where, when and how will this happen?**

**How long will it take?**

 **What questions will be asked?**

You can let us know if you would like to stay up to date with what happens next.

Who can participate?

Participating in this activity is suitable for you if you are a person:

* [Insert your requirements here in bullets, examples are included below]:
* *who has used a phone or computer to access health services in the past 6 months?*
* *[demographic requirements (age gender, ethnicity, etc)]*
* *can make their own decisions about whether to participate and complete an interview in English. As we don’t have access to interpreters for the project, you will also need to speak and understand English well enough to compete the interview in English*
* *have access to a phone or Skype (etc) to participate in a virtual session and/or can travel to participate*

What are the risks and benefits of participating?

We think the risks of participating in this project are [insert low/medium/high risks].

You will use your own time to talk to us. You may get tired or emotional when taking part because it may bring up difficult memories. We will offer to have a break or stop the activity, or you can ask to stop at any time.

What if you don’t want to take part or you want to withdraw later?

Participation in this activity is voluntary. You do not have to take part in it.

If you do take part, you can withdraw at any time without having to give a reason. Whatever you decide, it will not affect your relationship with [insert name of organisation].

How will your information be used and what happens with the results?

The information you share will be used to make improvements to healthcare in NSW. Written reports, presentations and other similar material will be shared within [insert which organisations the information will be shared with; e.g. NSW Health]. Your information will be anonymous.

We expect to present the information at professional conferences and on our website. This website can be accessed at [insert URL]

Publication in academic and professional journals may follow.

If you do take part, you can withdraw at any time without having to give a reason. Whatever you decide, it will not affect your relationship with our organisation.

How will your confidentiality be protected?

Activities may be recorded or transcribed, and the data will be secured. Only authorised people will have access to this information. Written reports and presentations will not include any identifying information. All information will be de-identified, and you will remain anonymous. You will be given a consent form to record and manage your preferences.

Under exceptional circumstances we may need to disclose any information you have provided. We will inform you of this.

What if you have further questions, concerns or a complaint?

You can contact [insert project contact name] at any time with questions or concerns, or to make a complaint about this activity.

Project contact name

Email

Phone number

Will taking part in the discussion cost me anything, and will I be paid?

There is no cost to participate in this activity. You will be reimbursed for any expenses incurred (e.g. for travel, meals, printing etc).

You will/will not be paid for participating.

[Provide appropriate information about how much and how participants will be paid if you will be paying them for their contribution].

Thank you

Thank you for taking the time to consider sharing your experience. Should you wish to participate in an interview with us regarding your experience, please sign the corresponding participant consent form. This information sheet is for you to keep.