[Insert date]

Participant consent form

Thank you for sharing your health experience to help us improve services. This form is a way for you to give your consent to take part and advises us how we can use your information.

## Agreement to participate

I agree to take part in this [insert activity name]. I agree to tell you about my experience with the NSW Health System. I understand that what I tell you will be used for quality and service improvement across the system.

I understand that this activity will be run as described in the Participant Information Sheet. I can keep a copy of this. I understand that my personal information remains confidential.

I understand that if I take part in this activity, it may be recorded and I agree to this.

I have been made aware of what participating in this project will involve. Known or potential inconvenience or risks have been raised.

I understand that I can withdraw at any time and I do not have to give any reason. I have had the opportunity to have questions answered to my satisfaction.

I consent to taking part in the activity. I have understood the information contained within the Participant Information sheet.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of consent (circle):** written / verbal / email

**Signature (if written consent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by person conducting the consent process**

I, the undersigned, have fully explained this research to the participant named above.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**How my information can and cannot be used**

I agree that my information can be used in the following ways (please tick):

[ ]  Written quotes (de-identified) can be used in reports, presentations, conference posters and presentations, educational videos, podcasts, training material and websites.

[ ]  My story (de-identified) can be summarised and used in material, such as reports, presentations, conference posters and presentations, educational videos, podcasts, training material and websites.

[ ]  Photographs of me can be used in reports, presentations, training material and websites.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of consent (circle):** written / verbal / email

**Signature (if written consent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­**