[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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by person conducting the consent process**

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

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

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