



ABN 15 211 513 464

CHIEF INVESTIGATOR Professor Amanda Howard

Room 742
Education Building A35
The University of Sydney
NSW 2006 AUSTRALIA
Telephone: +61 2 93514091
Email: amanda.howard@sydney.edu.au
Web: <http://www.sydney.edu.au/>

An exploration into the lived experiences of virtual care in NSW during the COVID 19 pandemic
PARTICIPANT CONSENT FORM

I, [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney now or in the future.
- I understand that I can withdraw from the study at any time.
- I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.
- I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it will not be possible to withdraw my comments once the group has started as it is a group discussion.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

Written Consent Form, Experiences of virtual care, Ethics protocol 2022/495, 22 July 2022 Version 2

I consent to:

- Audio-recording YES NO
- Being contacted about future studies YES NO

I would like to review my interview transcripts YES NO

I would like to receive feedback about the overall results of this study YES NO

If you answered YES, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

.....
Signature

.....
PRINT name

.....
Date

Written Consent Form, Experiences of virtual care, Ethics protocol 2022/495, 22 July 2022 Version 2