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| --- | --- |
| **Barwon Health Reference Number** |  |
| **Case Study Title** |  |

I agree to take part in the case study specified above. I have had the case study explained to me, and I have read the Participant Explanatory Statement, which I will keep for my records. I understand that agreeing to take part means that:

I agree to be interviewed by the researcher  **Yes  No**

I allow the researcher to access my records  **Yes  No**

**(List any other procedures relevant to data collection**)

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I understand that my participation is voluntary, that I can choose not to participate in part or all of the case study, and that I can withdraw at any stage of the case study without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports will not, under any circumstances, contain names or identifying characteristics.

I understand that because the case study will describe a very rare event, confidentiality cannot be guaranteed. However, I understand that any information I provide is confidential, and that no identifying information will be disclosed in any reports on the case study, or to any other party.

I understand that reports based on the interview(s) will be kept in secure storage and will be accessible to the researcher(s) only. I also understand that the reports held by the researcher will be destroyed after publication.

**Participant’s Name:** …………………………………………………………………………………………………………………

**Signature:** ………………………………………………………………………………………………………………………………..

**Date:** ………………………………………………………………………………………………………………………………………..

**Researchers Name(s):** ……………………………………………………………………………………………………………..