**Participant Information Sheet/Consent Form (QI Projects)**

**Quality Improvement Projects**

**Instructions for C****reating an Information Sheet/Consent Form**

**(Please remove this section from the final document)**

⮞ **This template is a guide only.**

⮞ You should delete any headings and sections that are not relevant to your project and/or modify paragraphs so that they are relevant to your project.

⮞ In this template, there are prompts for the content of your Participant Information Sheet/Consent Form (in *orange italics*) and instructions regarding the format of your document (in *blue italics*). Please ensure that you delete all prompts (*orange italics*) and instructions (*blue italics*) from the final document.

⮞ **Preferred language** recommendations for use in your Participant Information Sheet are in black text with a border around paragraphs.

⮞ Leave space for the letterhead/logo in accordance with the institution’s requirements.

⮞ Include the version date of the document in the footer of each page. Do not use the ‘automatic’ date insertion function.

⮞ Language used should be readily understandable by the participant (Grade 8 reading level or below) and include Australian spelling of words.

⮞ You should state whether an interpreter will be used in the consent process and/or during the collection of data.

⮞ Text should be at least font size 11 in an easily readable font style.

**Participant Information Sheet/Consent Form**

**Quality Improvement Projects**

**(Template Version 3.0 Dated 17 April 2019)**

|  |  |
| --- | --- |
| **Title** | *[Project Title]* |
| **Riskman Q Number** | *[Riskman Q Number]* |
| **Project Manager/PI** | *[Project Manager]* |

**1 What does my participation involve?**

You are invited to take part in this project.

Please ask questions about anything that you don’t understand or want to know more about.

If you decide you want to take part in the project, you will be asked to sign the consent section.

You will be given a copy of this Participant Information and Consent Form to keep.

**2 What is the purpose of this project?**

*Briefly describe the following aspects of your project in simple terms and in only a couple of sentences for each point:*

*• Aim of the project and its significance eg. What process are you trying to change/improve?*

*• How it may contribute to care or education in the future*

*• Any relevant background including what is already known*

**3. What does participation in this project involve?**

*Tables and diagrams can be used if they enhance the comprehensibility of this section.*

*Include information and clear explanation of the following:*

*⮞ Involvement:*

*• eg. face-to-face interviews, online survey, visits, questionnaires*

*• Nature, number, timing and time commitment of visits and questionnaires*

*• Duration of participant’s involvement (eg. One off or multiple group sessions)*

*⮞ Whether any part of the project will be recorded (video/audio)*

*⮞ Details on the use of interpreters in the consent and/or data collection process (This may be important where a particular ethnic group is of interest)*

*⮞ Venue details (eg. Austin campus or by telephone)*

*Additional costs and reimbursement*

You may be reimbursed for any reasonable travel, parking, meals and other expenses associated with the project visit.

*If there is a maximum amount for this reimbursement then this should be stated.*

**4. Do I have to take part in this project?**

*Explain that taking part in the project is voluntary.*

Participation in the project is voluntary. Your decision will not affect your care and relationship with Austin Health.

**5. What will happen to information about me?**

|  |
| --- |
| Any information we collect for this project that can identify you will be treated as confidential. We cannot disclose the information only with your permission, except as required by law.  All information will be stored securely in the <insert details> department at Austin Health.  The following people may access information collected as part of this project:   * the team involved with this project * <insert details of any third parties eg. DHHS>   The information will be <re-identifiable/deidentified>. This means that we will <remove your name and give the information a special code number/not collect any identifying details>. Only the project team can match your name to your code number, if it is necessary to do so.  We will keep the information for 7 years. After this time, it will be destroyed. |

**6. Further information and who to contact**

If you want any further information concerning this project:

**Principal Investigator contact details:**

|  |  |
| --- | --- |
| Name | *[Name]* |
| Position | *[Position]* |
| Telephone | *[Phone number]* |
| Email | *[Email address]* |

If you wish to discuss the conduct of the project or make a complaint:

**Complaints Officer contact details:**

|  |  |
| --- | --- |
| Position | Complaints Officer |
| Telephone | (03) 9496 4090 |
| Email | ethics@austin.org.au |

**Consent Form -** *Adult providing own consent*

**Quality Improvement Projects**

**(Template Version 1.0 Dated 28 June 2017)**

|  |  |
| --- | --- |
| **Title** | *[Project Title]* |
| **Riskman Q Number** | *[Riskman Q Number]* |
| **Project Manager** | *[Project Manager]* |

**Declaration by Participant**

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, extent and possible risks of my involvement in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this project and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  | Name of Participant (please print) | |  | |  |  |  |
|  | | | | | | | |
|  | Signature |  | | Date | |  |  |
|  | | | | | | | |

**Declaration by Project Team Member†**

I have given a verbal explanation of the project, its procedures and risks and I believe that the participant has understood that explanation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | Name of Project team member† (please print) | |  | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

† An appropriately qualified member of the project team must provide the explanation of, and information concerning, the project.

Note: All parties signing the consent section must date their own signature.