

**Participant Information template**

**Background Information (REMOVE this section FROM FINAL DOCUMENT)**

* This document can be used when proper ‘Participant Information/Consent form (PICF) is not used and obtaining implied consent is intended.
* This document can be used for Quality Improvement activities as well as for research projects.
* Please use this document as a guide, remove the section which are not relevant and develop ‘Information sheet’ appropriate to your project.

**Project Title:**

**HREC Number:**

**Principal Investigator: <insert name and position>**

Dear Participant,

We are inviting you to take part in our project. We are doing this project to learn about <insert details>. We hope that it will help us to improve <insert details>. We hope around <insert number> participants will take part.

This project is funded by the <insert details>. The results of this research will be used by <insert name> to obtain a PhD.

We would like you to take part because we are interested in <insert text>. We would like you to complete a survey, which will take about XX, minutes of your time. The survey asks about <insert details>.

We do not expect that there will be any direct benefit to you. However, we hope that the information we get will help us to <insert details> and this may help other employees/ patients in the future.

We have been careful to make sure that the questions in the survey do not upset you. However, if you are worried about any of the questions, you do not have to answer them.

Any information we collect and use during this research project will be treated as confidential. Only the researchers involved with this project and Austin Health Ethics Committee can have access to this information.

All the information obtained will be stored securely in the [department name] at [institution]. The information we collect will be entirely anonymous. This means it will not include your name or any other personal details. No one, not even the research team, will be able to identify your information.

We are required to keep information collected as part of this research for at least 7 years following the last publication of the project. At the end of the project, results may be presented at conferences or published in medical journals. < Optional: The results of this survey will also be used in a PhD thesis>.

Because we are not collecting names and addresses from participants, we are unable to send you the results of the project. However, you can access the results of this survey by (insert details here).

Participation in this project is voluntary. This means it is your choice and you do not have to take part if you do not want to. If you decide you do not want to take part, it will not affect your employment at Austin Health. If you take part, it will not be possible to withdraw any information you give us. This is because it is anonymous and we do not know who answered the questions in each survey.

You do not need to complete a consent form to take part in this project. If you begin the online survey, this implies you are giving your consent. If you have any questions, or would like further information about this project, please email or call, <insert email address and phone number>.

Yours sincerely,

<PI name>

<PI position>

<PI department>

If you have any concerns and/or complaints about the project, the way it is being conducted, or your rights as a participant, and would like to speak to someone independent of the project, please contact: the Complaints Contact Person, Austin Health on telephone: (03) 9496 4090

*This project has been reviewed by the Austin Health Office for Research and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007) – including all updates.*