###

**Yarning up After Stroke**

**CONSENT FORM**

**Phase II Group 2**

**V1\_10062023**

**Project Title**: Yarning up After Stroke

**Principle Researcher**: Dr Heidi Janssen

**Organisation**: Hunter New England Local Health District

I, ……………………………….…….……………………………………………………….

have consented to participate in the above project:

**DECLARATION BY PARTICIPANT**

1. I have received the Information Statement and asked questions. I understand what the project is trying to do and my involvement.
2. I have the right to stop my involvement at any time without giving reasons. This will not affect any services that I receive.
3. Any information I provide will remain confidential. Where the results of the research are published, my results and involvement will be anonymous.
4. I understand that interviews may be recorded, secured and destroyed after 7 years.
5. Any complaints or questions I can contact the principal researcher, or the Chairperson of the Aboriginal Health & Medical Research Council Ethics Committee:

Dr Heidi Janssen

Research Fellow, Hunter Stroke Service

Hunter New England Local Health District

Level 1, The Lodge Building.

Rankin Park Campus, Lookout Rd,

New Lambton Heights. Locked Bag 1, HRMC 2310.

(02) 4921 4037

The Chairperson

Aboriginal Health &Medical Research Council Ethics Committee

35 Harvey Street

Little Bay, NSW, 2012

ethics@ahmrc.org.au

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Name: ………………………………………………………………………….

Signature ………………………………………………..…

Date………….………………..

Witnessed by ……………………………..………………

Date …………………………...

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Researcher’s signature: ……………………………………………

Date …..…………………