Sustainable Farm Families™ Consent Form

*Consent form for persons participating in projects involving interviews, questionnaires or disclosure of personal and health information*

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| Project Title: | Sustainable Farm Families™ |
| Group Location | Program location name |
| Name(s) of investigators  | 1. C
 | Susan Brumby | Phone: | 03-55518460 |

1. I have received a statement explaining the interview/questionnaire/ health assessments and education involved in this project.
2. I consent to participate in the above project, the particulars of which - including details of the interviews, questionnaires, health assessment and education have been explained to me.
3. I consent to the project investigator or a delegated health professional to interview me, administer a questionnaire, undertake a health assessment and deliver the education program.
4. I consent to the administrator to interview me and /or administer a questionnaire
5. I acknowledge that:
6. Having read Plain Language Statement, I agree to the general purpose, methods and demands of the project.
7. I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied.
8. The project is for the purpose of raising awareness and/or research. It may not be of direct benefit to me.
9. The privacy of the information I provide will be safeguarded. However should information of a private nature need to be disclosed for moral, clinical or legal reasons, I will be given an opportunity to negotiate the terms of this disclosure.
10. The security of the research data is assured during and after completion of the study. The data collected during the study may be published (may include photographs), and a report of the project outcomes will be provided to the relevant health service. Any information, which will identify me, will not be used, except for photographs.
11. I consent to receiving messages and correspondence from the National Centre for Farmer Health.
12. I consent to ongoing access to my Sustainable Farm Families™ health records to enable the National Centre for Farmer Health to determine my eligibility for new areas of research.

Participant Consent

|  |  |
| --- | --- |
| **Name:** |  |
|  | *(Please print)* |
| **Address:** |  |
|  |  |
|  | *(You must include road name & RMB, must have more than the property name)* |
| **Telephone:** |  | **Fax:** |  |
| **Email:** |  |
| **Mobile Number:** |  | **Date of Birth:** |  |
| **Signed:** |  | **Date:** |  |

*Participants will be sent a photocopy of this consent form after it has been signed.*

### PLEASE FAX to: (03) 55518267