**CONSENT FORM**

**Comparative Effectiveness Study of the Clinical and Cost Outcomes of Massage for the Management of Chronic Low Back Pain in Australia.**

**Principal Investigator:**  Dr Amie Steel,

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Postdoctoral research fellow

Australian Research Centre in Complementary and Integrative Medicine

Faculty of Health

University of Technology Sydney

**Location:** massage therapy clinics throughout Australia

**Ethics approval:** This project has been approved by the Human Research Ethics Committee of Endeavour College of Natural Health (#20161132) and the University of Technology Sydney (#ETH16-0812). If you would like to talk to someone who is not connected with the research, you may contact the Endeavour Human Research Ethics Committee (HREC) at HREC@endeavour.edu.au. Alternatively you can contact the University of Technology Sydney Human Research Ethics Committee (HREC) at research.ethics@uts.edu.au; Ph.: 02 9514 2478.

DECLARATION BY PARTICIPANT

I have read the Participant Information Form or someone has read it to me in a language that I understand. I understand the purposes, procedures and risks of the research described 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 research project as described and understand that I am free to withdraw at any time during the project without affecting my future health care.

**Name of Participant (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DECLARATION BY MASSAGE THERAPIST

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

**Name of Massage therapist (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**