

University of South Australia & Queensland University of Technology
Division of Health Sciences (UniSA) & School of Public Health (QUT)
Participant information sheet

CONSENT FORM

Project title... Improving dexterity in novice Podiatry students

Researcher's name & contact details... Mr Ryan Causby, Phone 08 8302 1542,
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- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand that I must be over 18 years of age.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that the tape will be stored in the office of the primary researcher or primary supervisor in a lockable filing cabinet and that only the research team will have access to the recording.

Name of participant.....

Signed..... **Date**.....

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher's signature and date.....

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: Vicki.allen@unisa.edu.au