WorkplaceAid Online Registration and Consent Form

By completing this *Registration and Consent Form*, you are telling us that you:

• understand what you have read in the *Participant Information Sheet* and

• consent to take part in the research project.

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| First Name | Surname | |
| Age | Gender  1. Male  2. Female  3. Other | |
| Email | Postcode | |
| Daytime tel: | I am employed  1. Full-time  2. Part-time  3. Other | |
| Your Department | Do you directly supervise other employees? (Y or N) | |
| What is your highest level of education? | Drop down box   1. Year 7 to year 11 2. Year 12 3. Trade/apprenticeship 4. Other TAFE/technical certificate 5. Diploma 6. Bachelor degree 7. Post-graduate degree 8. Other (Specify) | |
| Do you speak a language other than English at home? | 1. No, English only | Yes   1. Arabic 2. Cantonese 3. French 4. German 5. Greek 6. Italian 7. Mandarin 8. Maltese 9. Spanish 10. Tagalog (Filipino) 11. Vietnamese, 12. Other (Specify) |
| Are you Aboriginal and/or Torres Strait Islander? | Drop down box   1. No 2. Yes | |
| What is your marital status? | Drop down box  Single  Married/defacto  Separated or divorced  Widowed | |

* I understand that my participation will involve being randomly placed into a training course at no cost to me, in either:

1. eLearning Mental Health First Aid (6 hours)

OR

2. Blended Mental Health First Aid (6 hours eLearning plus a 3.5 hour face-to-face session)

OR

3. eLearning Apply First Aid course (4 hours)

* I understand that before I can undertake my course, I will be asked to complete an online survey, which will ask about my knowledge, attitudes and behaviours regarding health problems in the workplace.
* I understand that I will be asked to complete three more online surveys as follows: a survey on completion of the course, a survey one year after and a final survey two years after course completion.
* I understand that I am free to withdraw my consent and discontinue participation in the trial at any time, without explanation and are able to withdraw any unprocessed identifiable data previously supplied.
* My decision as to whether or not to participate will not prejudice any future relationship I may have with the Victorian Public Service, The University of Melbourne, Mental Health First Aid Australia or the Australian Red Cross.
* I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.

Any concerns about the scientific aspects of the study can be directed to Dr Nicola Reavley on + 61 3 9035 7628. General queries can be directed to Julie Fischer on +61 3 90356770.

Any complaints about the ethical aspects of the research may be directed to the Executive Officer, Human Research Ethics, The University of Melbourne, Vic 3010, phone 03 8344 2073 or fax 03 9347 6739.

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| I accept [date stamped] |

You will be sent an automatic email containing a **LINK TO THE FIRST SURVEY.** It will also include a copy of the Participant Information Sheet and your date stamped Consent Form as attachments.