

Children's Health Queensland Hospital and Health Service Participant Consent Form

Project Title: HABIT-ILE: A Randomised Trial of Hand Arm Bimanual Intensive Training Including Lower Extremity Training for Children with Bilateral Cerebral Palsy

HREC Reference number: HREC/17/QRCH/282

Parent/Guardian

I have read the above information. I have asked all of my questions and received answers. I agree to enroll my child in the following parts of this study.

The therapy

Neuroimaging (fMRI)

I authorize Children's Health Queensland to provide my child's medical information for verifying MRI eligibility*

*Note: We will contact CHQ for information only when we are unable to determine your child's eligibility for MRI due to past or current medical condition/procedures

Health Economic Evaluation

I authorize the Department of Human Services to provide my child's:

Medicare claims history OR

PBS claims history OR

Medicare & PBS claims history

For the period* 01/01/2017 to: 01/01/2022 to this study

*Note: The Department of Human Services can only extract 4.5 years of data (prior to the date of extraction);the consent period above may result in multiple extractions.

Measuring Movement with Devices (ActiGraphs and Polar Optical HR Sensor)

Signature of Parent/Guardian

Date

CHIEF INVESTIGATOR

I have fully explained to the parent/guardian the nature and purpose of the program and the procedures to be employed as described above and such risks as are involved in their performance, and I have provided the parent/guardian with a copy of the Patient Information Sheet.

Signature of Investigator

Date

Print Name

Position

INDEPENDENT WITNESS

I have witnessed the receipt of a Patient Information Sheet by the parent/guardian and exchanging of information between the investigator and the parent/guardian about the study.

An auditor witness would optimally discuss the study with the subject and witness the subject signature

Signature of Witness

Date

Print Name

Position

IF DEEMED APPROPRIATE:

PARTICIPANT

I have read the above information. I have asked all of my questions and received answers. I agree to take part in this study.

Signature of Child/Adolescent

Date