**CONSENT FORM**

**The University of Melbourne**

**School of Medicine, Dentistry and Health Sciences**

**Audiology and Speech Pathology**

**Consent form for persons participating in research projects**

**PROJECT TITLE**: Speech treatment for individuals with progressive neurological disease

Name of participant:

Name of investigator(s): Miss Hannah Reece; A/Prof Adam Vogel

Version 1.1 Dated 31st of January 2018

I have read, or have had read to me in my first language, and I understand the Participant Information version *1* dated ***– 31st of January 2018.***

I freely agree to participate in this project according to the conditions in the Participant Information.

I agree to have my voice recorded as a requirement of the experiment conditions.

I will be given a copy of the Participant Information and Consent Form to keep

The researcher has agreed not to reveal my identity and personal details if information about this project is published or presented in any public form.

Participant’s Name (printed) ……………………………………………………

Signature Date

(if required) Participant’s guardian with legal power of attorney

Name (printed) ……………………………………………………

Signature Date

Name of Witness to Participant’s Signature (printed) ……………………………………………

Signature Date

Researcher’s Name (printed) ……………………………………………………

Signature Date

*Note:* All parties signing the Consent Form must date their own signature.