# C:\Users\ammartin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\UOM-Pos3D_S_Sm.jpgConsent Form

CENTRE FOR HEALTH, EXERCISE AND SPORTS MEDICINE

SCHOOL OF PHYSIOTHERAPY

***Project: Supporting self-management for people with persistent knee pain***

**Responsible Researcher:** Prof Kim Bennell

**Additional Researchers:** Prof Rana Hinman, Ms Rachel Nelligan, Dr Jessica Kasza.

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| **Name of Participant:** |  |

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.
2. I understand that the purpose of this research is to compare the use of electronic resources to support self- management of persistent knee pain.
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project, I will be required to access the electronic resource(s) allocated to me and use this resource to assist me in the self-management of my knee condition.
6. I understand that my participation is voluntary and that I am free to withdraw from this project anytime without explanation or prejudice and to withdraw any unprocessed data that I have provided.
7. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed after 15 years.
8. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers.
9. I am aware the data I contribute to this study may be used to address other research questions relating to knee osteoarthritis.
10. I have been informed that a copy of the research findings will be forwarded to me, should I wish.
11. I understand that after I sign and return this consent form, it will be retained by the researcher.

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| **Participant online signature:** |  | **Date:** |  |
| **I would like to be informed of the research findings on completion of the study (select one)** | | | **YES NO** |