



Ear Science Institute Australia

www.earscience.org.au
and
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School of Surgery (M507)
The University of Western Australia
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CONSENT FORM

Trial Title: Follow-up consu	Itations of hearing a	id users by telehealth – an evaluation	
Investigators:			
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Participant Name:		Date of Birth:/	/
I have been given clear info to take part.	rmation about this	study and have been given time to co	nsider whether or not I want
understand what I am being satisfactorily. I know that I study without affecting my associated with my involver does not affect any right to	asked to do. I have do not have to take future medical care nent to date will be compensation that	ges, risks and considerations for take been able to ask questions and all que part in the study and that I can with I understand that if I decide to with destroyed unless otherwise agreed. I may have under statute or common for the data obtained to be published.	uestions have been answered adraw at any time during the draw from the study all data My participation in the study law.
other identifying informatio	in is not used.		
Name of Patient		Signature of Patient	Date
Name of Witness to Patient	 Signature	Signature of Witness to Signature	 Date
Name of Investigator		Signature of Investigator	 Date

Approval to conduct this research has been provided by The University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at The University of Western Australia on (08) 6488 3703 or by emailing to hreo-research@uwa.edu.au. All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.