|  |  |
| --- | --- |
| **Preferred IHBI logo_blue** | **CONSENT FORM FOR QUT RESEARCH PROJECT** |
| **Brain Stimulation on Dual Task Performance in Healthy People and People with Parkinson’s disease**  **QUT Ethics Approval Number 1700000024** | |

**RESEARCH TEAM**

Jing Qi [jing.qi@hdr.qut.edu.au](mailto:jing.qi@hdr.qut.edu.au) **07 3138 6183**

Graham Kerr [g.kerr@qut.edu.au](mailto:g.kerr@qut.edu.au)07 3138 6303

Karen Sullivan [karen.sullivan@qut.edu.au](mailto:karen.sullivan@qut.edu.au)

Marcus Meinzer [m.meinzer@uq.edu.au](mailto:m.meinzer@uq.edu.au)

Simon Smith [simon.smith@uq.edu.au](mailto:simon.smith@uq.edu.au)

**STATEMENT OF CONSENT**

I, Mr / Dr / Mrs / Ms / Miss ………………………………………………………………………………………………………………

(Circle Title) (First Name) (Surname)

agree to be a participant in the research project entitled “Brain Stimulation on Dual Task Performance in Healthy People and People with Parkinson’s disease” as described in the participant information sheet included with this form.

**I acknowledge that:**

1. The testing procedures and their possible effects have been explained to me and I have been given the opportunity to ask questions regarding this project and the tests involved.
2. I understand that questions related to this project are welcome at any time and can be directed to **Jing Qi** on **07 3138 6183**.
3. I have been informed that I am free to withdraw up to the completion of this study, without comment or penalty.
4. The project is for the purpose of research and not for treatment.
5. I have been informed that the confidentiality of the information I will provide will be safeguarded.
6. If I have any concerns in relation to the ethical conduct of this project I can contact the **Research Ethics Advisory Team** on **07 3138 5123** or email [humanethics@qut.edu.au](mailto:humanethics@qut.edu.au).

After considering all these points, I consent to my participation in this project, which will involve the following assessments and intervention:

* Demographic and Health Questionnaires
* Balance Assessment
* Cognition Assessment
* Brain Activity Assessment (fNIRS)
* Physiology Assessment (ECG and photoplethysmography)
* Brain stimulation (tDCS)

**Please indicate the following by ticking the relevant box:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | I am happy to have the information collected from this study included in a larger data set which examines changes over a longer period of time. |
|  |  |  |
| **Yes** | **No** | I am happy to be contacted to participate in any future assessments related to this research (e.g. for a follow-up examination). |
|  |  |  |
| **Yes** | **No** | I am happy for photographs taken during the assessment sessions to be used for teaching purposes, conference presentations or publications if my face is not recognisable in those images. |

Signature ……………………………….……………………………………………………………………………………………..

Date ……………………………….……………………………………………………………………………………………..