### INFORMED CONSENT FORM – CONSUMERS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRINCIPAL INVESTIGATOR: Selina Taylor |  | | | | |
| PROJECT TITLE: LISTEN UP – An Ear Health Intervention for Rural Community Pharmacy | | | | |  | |
| COLLEGE: Medicine and Dentistry | | | | |  | |
|  | | | | | |
| I understand the aim of this research study is **“**to investigate an ear health intervention in rural community pharmacy**”.** I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep. | | | | | |
| I understand that my participation will involve examination and recommendation/referral by the pharmacist and participating a telephone interview and I agree that the researcher may use the results as described in the information sheet.   |  |  | | --- | --- | |  | Please initial box | | 1. I confirm that I have read and understood the participation information sheet provided for this study. |  | | 2. I have been given opportunity to ask questions and these have been answered and explained to me. |  | | 3. I am aware that this is a voluntary study and I may withdraw at any time, without giving reason and this will not affect my medical care or legal rights in any way and to withdraw any unprocessed data. |  | | 4. I agree to the use of anonymised, verbatim (‘word for word’) quotes in publications. |  | | 5. I understand that the information collected will remain confidential and that any identifiers will be removed from any information used during the write up process and that no names will be used to identify me. |  | | 6. I agree if information is shared that suggests potential illness or injury to myself the researcher may pass along this information to my general practitioner. |  | | 7. I confirm that I have not returned to Australia from overseas, been in contact with a confirmed COVID case, or been in a COVID-19 hotspot within the last 14 days. |  | | 8. I confirm that I have not been unwell in the last 72 hours with cold or flu-like symptoms including fever, cough, sore throat or shortness of breath. |  | | | | | | | | |
|  | | | | | | | |
| *(Please tick to indicate consent)* | | | | | | | |
| **I consent to take part in the above study** | |  | **Yes** |  | | **No** | |
| **I consent to be interviewed** | |  | **Yes** |  | | **No** | |
| **I consent for the interview to be audiotaped** | |  | **Yes** |  | | **No** | |

|  |  |
| --- | --- |
| **Name:** *(printed)* | |
| **Phone Number:** | |
| **Signature:** | **Date:** |

Parent/Guardian Consent if under 18 years of age:

|  |  |
| --- | --- |
| **Name:** *(printed)* | |
| **Phone Number:** | |
| **Signature:** | **Date:** |