**Consent Form**

Department of General Practice

Faculty of Medicine, Dentistry & Health Services

**Project: BETTER MAN: Evaluating resources for improving men’s relationships with their partners**

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| **Name of Participant:** |  |

1. I have read and understood the information provided about this project
2. I understand that this project is for research to test a Healthy Relationship Website
3. I understand that my participation in this project is for testing a Healthy Relationship Website, research and teaching/training 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 complete an online/telephone survey about healthy relationships
6. I understand that if I wish to participate, my male partner will not be aware of whether I participate or not
7. 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
8. I understand that the data from this project will be stored at the University of Melbourne and will be destroyed after 5 years after publication or any public release of the work of the research. It will then be destroyed as per University guidelines.
9. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be accessible only by the named researchers.
10. I consent to participate in this project

**Participant Signature: Date:**

**Telephone: Email:**