**Consent Form -** *Adult providing own consent*

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| --- | --- |
| **Title** | Baduanjin mind-body exercise for cancer-related fatigue in cancer participants receiving adjuvant chemotherapy: a randomised control feasibility trial |
| **Short Title** | Baduanjin mind-body exercise for cancer-related fatigue |
| **Protocol Number** | *1.1* |
| **Project Sponsor** | Chinese Medicine Centre: Western Sydney University |

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| **Coordinating Principal Investigator/**  **Principal Investigator** |
| **Associate Investigator(s)** |
| **Location** |

**Declaration by Participant**

I have read the Participant Information Sheet (PIS) or someone has read it to me in a language that I understand.

I understand the purposes of the Baduanjin mind-body exercise intervention for cancer-related fatigue, procedures of the study and collection of data and risks of the Baduanjin mind-body exercise research described in the project’s Participant Information Sheet.

I understand that I will be asked about information relating to my cancer related diagnosis as part of the information being collected for this study.

I have had an opportunity to ask questions or request clarifications from a member of the project’s research team and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

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|  | Name of Participant (please print) | |  |  |  |  |
|  | | | | | | |
|  | Signature |  | | Date |  |  |
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|  | Name of Witness\* to Participant’s Signature (please print) | |  | | |  |
|  | | | | | | |
|  | Signature |  | | Date |  |  |
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\* Witness is not to be the investigator, a member of the study team or their delegate. Witness must be 18 years or older.

**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

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|  | Name of Study Doctor/  Senior Researcher† (please print) | |  | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
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† A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.