# Participant Information and Consent Form

***The 4eyesVision Kit: Training local workforces to measure vision.***

## This sheet has information about research which will train people with no previous experience in eye health to measure vision accurately and choose the best ‘corrective lenses’ or glasses if needed.

Research means finding out what people think about things and using the information to help other people.

You can ask someone you trust to help you understand this sheet.

**Who is doing the research? What is it about?**

My name is Dr Sarah Crowe. I am a researcher with 4eyesVision. I am working with Philip Crowe, Elissa Mortimer, Robyn Thomas and Simone Rothnie.

We want to find out if people with no previous training in eye health can measure vision accurately after brief training.

We also want to find out if participants who complete this training can choose the right type of glasses to help people see.

**What does taking part involve?**

**Survey and training**

Taking part involves filling in some questions on paper or on an electronic tablet and participating in a training.

We will ask you about:

* if you have had any previous training with eye and sight testing
* if you know of anyone in your local community who has had experience with using glasses
* what makes it easy or difficult to get glasses in your local community
* what do local community members think about eye and sight testing and glasses.

You can choose which questions to answer. You can say no if you don’t want to answer a question. You can do the questions whenever you want to. It will take about 5-10 minutes.

We will ask you to record the results of the vision test.

It will take about 4 hours to participate in the training then test some people’s vision. We will also ask you to work out the strength of a lens using the information you learnt in the training.

If you want to, you can bring someone you trust to help you.

The group will meet at [to be advised].

**Do I have to take part?**

You only have to take part if you want to.

You can say no. It’s your choice. No one will be angry if you say no.

Even if you say yes, you can change your mind later and stop taking part.

**What will happen to my information?**

We will store your information on computers and paper which the research team will keep for up to 5 years.

We will keep your information private.

We will not tell anybody your name or where you live.

No one will know it was you who took part.

We will write about what we find out. If you want, we will send you a summary.

**Who can I get in touch with about the research?**

If you have any questions, get in touch with:

Name: Sarah Crowe

Phone: +61 410 523 536

Email: sarah@4eyesfoundation.org

If you want to complain about the research, you can get in touch with the Human Research Ethics Coordinator. It is their job to listen to you and find out what happened:

Phone: +61 2 9690 1001

Email: ranzco@ranzco.edu

Tell them this number: HREC 149.22

**I WANT TO TAKE PART**

**FOR SURVEYS AND TRAINING**

***The 4eyesVision Kit: Training local workforces to measure vision.***

🞏 I am signing this form because I understand about the research and I want to take part.

🞏 I also consent to having my photo taken and used for educational and promotional purposes. My name will not be disclosed with the photo.

My full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Please email a report of the findings to me

I understand that you will only use my contact details for me to take part in the research and to tell me about the findings afterwards.

Witness name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A witness is someone who saw you sign the form.

**I DON’T WANT TO TAKE PART ANYMORE**

***The 4eyesVision Kit: Training local workforces to measure vision.***

I am signing this form because I changed my mind. I don’t want to take part anymore and I don’t want you to use what I said.

My full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A witness is someone who saw you sign the form.