



Pictures used in speech pathology storytelling tasks

CONSENT FORM TEMPLATE

The researchers have given me an Information Statement about this research project. I am aware of what will happen in the study. The researchers have talked about any risks to me from the study that they know of. This includes inconvenience or discomfort.

- I understand that the researchers will videotape the storytelling tasks and interview. I agree to this.
- I understand that taking part will allow the researchers to access my medical record. I agree to this.
- I understand that my personal information will remain private. Only the researchers will have my personal details.
- I would like a summary of the study results sent to me.

YES/NO (Circle one)

Email/Mailing address:

- The researchers have answered any questions I have.
- I understand that I can withdraw at any time. I don't need to give a reason. If I decide to leave the study, the researchers will destroy all the information about me.

I hereby agree to take part in this research study.

NAME:

SIGNATURE:

DATE:

Declaration by person conducting the consent process

I have fully explained this research to the patient named above.



NAME: _____

SIGNATURE: _____

DATE: _____

Would you like to hear about future studies on communication after TBI? If so, please provide your email or phone number. In the future, there might be a study that is suitable for you. If you fill out this part of the form, the researchers may contact you. They will then ask if you are interested. This does not mean you have to take part. You can decide if this is for you then.

NAME: _____

SIGNATURE: _____

DATE: _____

**PHONE NUMBER
AND/OR EMAIL ADDRESS:** _____

HNE Ethics and Governance statements

Ethics:

This research has been **approved** by the Hunter New England Human Research Ethics Committee of Hunter New England Local Health District, [Reference 2024/ETH00160].

Governance:

The conduct of this research has been **authorised** by the Hunter New England Local Health District to be conducted at the Hunter Brain Injury Service site.

Complaints about this research:

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, please contact the **HNE Research Office**, Hunter New England Local Health District, Level 3, POD, HMRI, Lot 1 Kookaburra Circuit, New Lambton Heights NSW 2305. Telephone: 02 4921 4140. Email: HNELHD-ResearchOffice@health.nsw.gov.au and quote the reference number 2024/ETH00160.).



Health
Hunter New England
Local Health District