

# Human Research Ethics

## Research Participant Consent Form



### Research Project Information

Regarding Research Project: Modernising Patient Pathways – Vision 2030  
Document version 1 dated 29 July 2024  
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### Participant Consent

I agree to participate in the above research project and give my consent freely.

I am over the age of 18 and can give my consent to participate in the research.

I understand that the project will be conducted as described in the Participant Information Statement, a copy of which I have read and retained.

I understand that I can withdraw from the project as explained in the Participant Information Statement, and I do not have to give any reason for my decision to withdraw.

I consent to participating in an interview and having it recorded.

I understand that my personal information will remain confidential to the researchers, except as required by law.

I have had the opportunity to have questions answered to my satisfaction.

### Participant Details

Name (please print)	
Signature	
Email address	
Phone number	
Date	

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### Receiving Research Results

I would like the research team to send me a summary of the research results once available.

☐ Yes

☐ No

If yes, I would like a copy sent to me via:

☐ the email address noted on this form

☐ another address (please specify):