



## Participant Consent Form for Additional Follow-up

### *Research Study: Active Women over 50 randomised controlled trial*

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### Participant Name \_\_\_\_\_

I agree to take part in this research study. In giving my consent, I confirm that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the study is to evaluate the effectiveness of the *Active Women over 50* program.
- I agree to participate in an additional follow-up at **12 months from first entering the study**.
- I understand that participating in an additional follow-up at 12 months from first entering the study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers at the University of Sydney or any community group organisations now or in the future.
- I acknowledge that if I decide not to consent to participating in an additional follow-up at 12 months from first entering the study, my previous consent to participate in the study for 6 months still applies.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that there is no financial cost in receiving the *Active Women over 50* program online resources, message service or health coaching. Any costs related to participating in any physical activity programs or facilities that I choose following access to the online resource will be my responsibility.
- I understand that I am free to withdraw from this study at any time.
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information identifying me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published. Although every effort will be made to protect my identity, I may be identifiable in these publications due to the nature of the study or results.



- I understand that my information may be used in future research, but my information will not be identifiable. At no time will identifiable data be shared or used without my additional consent.
- I understand that being in this study is completely voluntary.

**Please select YES or NO for the following:**

I would like to receive a short email summary of the study results      YES       NO

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I understand that after I sign and return this consent form it will be retained by the researcher and that I may request a copy at any time.

**Participant Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_