



Participant Consent Form

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 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 acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that being in this 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 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.
- If I am invited to be interviewed, and I agree to participate, I understand that there is no cost or reimbursement involved with the interview, apart from giving up my time.
- I understand that the telephone interview will be audio recorded and the file will be saved to the University of Sydney password protected central network drive.
- I understand that I may stop the interview at any time if I do not wish to continue and that I may refuse to answer any questions I do not wish to answer. If I participate in an interview, I understand that I can request to withdraw my data by contacting the research team, unless the data have already been published.
- 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

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 _____