**CONSENT FORM**

**Project ID: 40295**

**Project title:** Aerobic exercise as a therapeutic intervention for women who have experienced intimate partner violence brain injury (IPV)

**Chief Investigator: Prof Sandy Shultz and Dr. Georgia F. Symons**

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

| **I consent to the following:** | **Yes** | **No** |
| --- | --- | --- |
| Data/tissue samples being collected for this research | **☐** | **☐** |
| The data/tissue samples that I provide during this research may be used in future research projects | **☐** | **☐** |
| To be contacted for follow-up studies related to this research, such as therapeutic advancements and research updates. | **☐** | **☐** |
| In the event of there being an incidental finding, I would like to be advised of...  |  |
| 1. any diagnostic findings
 | **☐** | **☐** |
| 1. all incidental findings
 | **☐** | **☐** |
| 1. only those adverse findings that would usually lead directly to treatment
 | **☐** | **☐** |

Name of Participant

Participant Signature Date

Name of Researcher

Researcher Signature Date