**PARTICIPANT CONSENT FORM**

**Title of the research project:** Breastfeeding Osteopathic Manual Therapy Study (BOMS)

**Name of researchers:** Kirsty Greenwood, Sandra Grace, Roger Engel, David Todd

**At the end of each statement, tick the box that applies, sign and date the form and return it to the researcher at the address provided.**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| I agree to take part in the Southern Cross University research project specified above. |  |  |
| I understand the patient information sheet and about my participation in the research project. |  |  |
| I understand that my participation is voluntary, and I understand that I can cease my participation at any time. |  |  |
| I understand that my participation in this research will be treated with confidentiality and that any information that may identify me will be de-identified at the time of analysis of any data. |  |  |
| I understand that no identifying information will be disclosed or published. |  |  |
| I understand that all information gathered in this research will be kept safely and securely at Southern Cross University for a minimum of 5 years after publication. |  |  |
| I consent to the data collected in this research being used in future research. |  |  |
| I am aware that I can contact the researchers at any time with any queries. Their contact details have been provided to me. |  |  |
| I understand that this research project has been approved by the SCU Human Research Ethics Committee |  |  |

Participant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Please tick this box and provide your email or mail address below if you wish to receive a summary of the research when it is finished.

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_