# Consent Form – Service providers

## Creative Arts and Music Therapy Research Unit

## ***Project:*** *The impact of dance movement therapy on symptoms*

## *of trauma in women with an experience of family and domestic violence: A feasibility quantitative study*

**Project Supervisor:** Professor Sabine Koch

Tel: +61 411 500 678 Email: sabine.koch@unimelb.edu.au

**Additional Researchers:**

Dr Imogen Clark Email: imogen.clark@unimelb.edu.au

Doctor of Philosophy candidate: Thilaga Letchumi, Sarunga Raja ( Thila ) Email: tsarungaraja@student.unimelb.edu.au

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| --- | --- |
| **Name of Participant:** |  |

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.
2. I understand that the purpose of this research is to investigate *how dance therapy impacts the symptoms participants feel from trauma.*
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project I will be required to sign the consent form and attend a Focus Group.
6. I understand that my participation is voluntary and that I am free to withdraw from this project anytime without explanation or prejudice and to withdraw any unprocessed data that I have provided.
7. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed 15 years after publication.
8. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers.
9. I understand that after I sign and return this consent form, it will be retained by the researcher.

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| --- | --- |
| Participant signature: | Date |
| Researcher signature: | Date |