|  |  |  |
| --- | --- | --- |
| USY_MB1_RGB_Standard_Logo.tif |  | **Sydney Medical SchoolFaculty of Medicine** |
|  |  ABN 15 211 513 464 |  |
|  | **DR Paul NEWMAN***Project Manager* | Jane Foss Russel Building G02The University of Sydney NSW 2006 AUSTRALIATelephone: +61 2 TBCFacsimile: +61 2 TBCEmail: maree.teesson@sydney.edu.auWeb: <http://www.sydney.edu.au/> |

**The Climate Schools Combined Long Term Follow Up**

**PARTICIPANT CONSENT FORM**

I, ................................................................................... [TYPE NAME], agree to take part in this research study.

In giving my consent I state that:

* I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
* I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
* The researchers have answered any questions that I had about the study and I am happy with the answers.
* 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 or anyone else at the University of Sydney, University of Queensland, Curtin University or Deakin University now or in the future.
* I understand that I can withdraw from the study at any time.
* I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about 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, and that publications will not contain my name or any identifiable information about me

I consent to:

**No**

**Yes**

* **Being contacted about future studies**

**No**

**Yes**

**I would like to receive feedback about the overall results of this study**

If you answered **YES**, please indicate your preferred form of feedback and address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**

**I agree, start questionnaire**