

**Consent Form**

**Study Titl**e: The Mindfulness App Trial for Weight, Weight related Behaviours, and Stress in University Students.

**Investigators**: Principal Investigator Lynnette Nathalie Lyzwinski

Advisors Dr Matthew Bambling, Dr. Sisira Edirippulige, and Dr Liam Caffery

I acknowledge by signing this form that:

* I declare that I am an undergraduate student
* I declare that I am at least 18 years of age and no older than 25 years of age
* I have read the information sheet and fully understand the purpose of the trial, the procedures, risks, and benefits of this research as detailed in the information sheet provided to me
* I understand that this mindfulness-based app is being tested for its effectiveness, hence I understand that it is unknown whether it will actually assist me or not.
* I understand that the results of this study will be shared in presentations and journal publications
* I understand that all of my personal information will be confidential
* I understand that my participation is strictly voluntary
* I may withdraw at any time without any consequences and without requiring to provide an explanation
* If I withdraw and want my baseline data to be deleted, I will make a request for this in writing to the study investigator’s email below and my data will be destroyed
* I declare that I do not have any serious medical condition that could put me at any risk in this weight loss study including eating disorders, history of serious psychiatric illness, or other physical medical condition where weight loss is contraindicated
* I declare that I am not pregnant or planning to get pregnant during the duration of the study
* I understand that I will be able to find out about the study results when it will be published and on the Centre for Online Health’s website. Public presentations will also be announced.
* I understand that the app will be made available to me free of charge at the end of the study

I hereby consent to my participation in the study

Date

Participant Name:

Consent Signature :…………………………………………………..

Principal Investigator: I have provided the student with the information sheet outlining the purpose, risks, benefits, and study protocol procedures.

Date:

Signature: ………………………………………………………………

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