

**CONSENT FORM**  
**Acquired Brain Injury Participant**

**Project: A comparison of teaching techniques to train the use of smartphone memory apps in people with acquired brain injury**

**Chief Investigator: Rene Stolwyk**

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
Taking part of training and follow-up sessions to learn the use of an app as a memory aid	<input type="checkbox"/>	<input type="checkbox"/>
Using my smartphone during the sessions	<input type="checkbox"/>	<input type="checkbox"/>
Downloading (temporarily) new apps in my smartphone	<input type="checkbox"/>	<input type="checkbox"/>
Provide information stored in my smartphone related to its frequency of use	<input type="checkbox"/>	<input type="checkbox"/>
Being videorecorded during the training and follow-up sessions	<input type="checkbox"/>	<input type="checkbox"/>
My information being securely stored at Monash University Campus and servers	<input type="checkbox"/>	<input type="checkbox"/>
My information being only accessed by the chief and student investigators	<input type="checkbox"/>	<input type="checkbox"/>
Being contacted for future research opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Provide information (name and/or contact details) of my doctors or other health professionals to the chief and/or student investigators	<input type="checkbox"/>	<input type="checkbox"/>
The investigators obtaining medical information concerning my acquired brain injury event(s) (onset date, location, severity, neuroimaging results) and health condition from me, my doctors, other health professionals, hospitals or laboratories	<input type="checkbox"/>	<input type="checkbox"/>

I understand that all information that I provide or that is obtained during the project will remain confidential and will be handled in an unidentified manner.

Name of Participant \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_