**CONSENT FORM**

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| **HREC Project Number:** | 75399 |
| **Project Title:** | RARE FINDS – Investigating the effect of evidence based multidisciplinary early intervention in children living with an undiagnosed rare disease. |
| **Chief Investigator:** | Cristina Daniela Lee, Master of Philosophy Student (School of Allied Health) and Rocky Bay. Supervised by Dr Dayna Pool and Professor Catherine Elliott (School of Allied Health) |
| **Version Number:** | Consent Form Version 2, 31/01/2024 |
| **Version Date:** | 31/01/2024 |

* I have read the information statement version listed above and I understand its contents.
* I believe I understand the purpose, extent and possible risks of my involvement in this project.
* I voluntarily consent to take part in this research project.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I understand that this project has been approved by Curtin University Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007).
* I understand I will receive a copy of this Information Statement and Consent Form.

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| I do consent to | I do not consent to | Process or aspect of research project |
|  |  | Researchers or therapists involved in the research project to take videos and photos of my child with my consent at various stages in the research project including during specific assessment time points and during intervention sessions. |
|  |  | Researchers or therapists involved in the research project to securely upload the videos and photos taken with my consent of my child to the Research Electronic Data Capture (REDCap) software. |
|  |  | Researchers or therapists involved in the research project to view these videos and photos retrospectively for research purposes related to this research project. |
|  |  | As a primary caregiver or parent to using my own smart device to upload weekly videos and photos of my child via an online secure link to REDCap software for the duration of the study period. |

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| Participant Name |  |
| Participant Signature |  |
| Date |  |

Declaration by researcher: I have supplied an Information Letter and Consent Form to the participant who has signed above, and believe that they understand the purpose, extent and possible risks of their involvement in this project.

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| Researcher Name | Cristina Daniela Lee, Master of Philosophy Student (School of Allied Health) and Rocky Bay. Supervised by Dr Dayna Pool and Professor Catherine Elliott (School of Allied Health) |
| Researcher Signature |  |
| Date |  |

*Note: All parties signing the Consent Form must date their own signature.*