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| This project has been approved by the University of South Australia’s Human Research Ethics Committee. If you have any ethical concerns about the project, or questions about your rights as a participant, please contact the Executive Officer of this Committee, Tel: +61 8 8302 6330; Email: [humanethics@unisa.edu.au](mailto:humanethics@unisa.edu.au) |

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| **SECTION 1: CONTACT AND PROJECT DETAILS** | |
| Researcher’s Full Name | Dr Kate Davis |
| Contact Details | 0417 893 274 |
| Project Number | 109774 |
| Project Title | Addressing safety, quality and cost of care through a novel, telehealth, outpatient transitional care model - the TTOMMI trial (HREC [Ethics] number 17554) |

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| **SECTION 2: PARTICIPANT CERTIFICATION** | | |
| In signing this form, I confirm that:   * I have read the Participant Information Sheet, and the nature and the purpose of the research project has been explained to me. I understand and agree to take part. * I have had the opportunity to ask questions and I am satisfied with the answers I have received. * I understand the nature of my involvement in the project. * I understand that I may not directly benefit from taking part in the project. * I understand that I can withdraw from the project at any stage and that this will not affect my status now or in the future. * I confirm that I am over 18 years of age. * I understand that while information gained during the project may be published, I will not be identified and my personal results will remain confidential, unless required by law. * I understand that I will be given a signed copy of this document to keep. * I understand that I will not be reimbursed for my participation in the project. | | |
| *Participant’s Signature* | *Printed Name* | *Date* |

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| **SECTION 3: RESEARCHER CERTIFICATION** | | |
| I have explained the study to the participant and consider that he/she understand what is involved. | | |
| *Researcher Signature* | *Printed Name* | *Date* |