**Patient Acceptability of the Covid-19 Recovery Rehabilitation Service**

**Consent Form for Participation in a Research Project.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of participant)*

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(address)*

have been asked to consent to participation in a research project entitled:

**Study title: Patient Acceptability of the COVID-19 Recovery Rehabilitation Service**

In relation to this study I have read the Participant Information Sheet and have been informed of the following points:

* + 1. Approval has been given by the ACT Health Human Research Ethics Committee.
    2. The aim of the study is to describe the acceptability of the COVID-19 Recovery Rehabilitation Service.
    3. The results obtained from the study may or may not be of direct benefit to me
    4. The study procedure will involve completion of a short written survey.
    5. I can also choose to participate in a 1 hour interview about my experiencesof the COVID-19 Recovery clinic(including audio recording, which will be transcribed and stored in a deidentified manner) and my preference is as follows:
       - I agree to interview with Audio recording
       - I do NOT agree to interview
    6. Should I have any problems or queries about the way in which the study was conducted, and I do not feel comfortable contacting the research staff, I am aware that I may contact the ACT Health Human Research Ethics Committee Secretariat, Canberra Hospital, Yamba Drive, Garran ACT 2605 (ph: 6174 7968)
    7. I can refuse to take part in this project or withdraw from it at any time without giving a reason.
    8. I understand that while the results of the research will be made accessible my involvement and my identity will not be revealed.

After considering all these points, I accept the invitation to participate in this study.

**Name:** (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** (Participant) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator:** (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** (Investigator) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you wish to be provided with a copy of the study results, please provide your email address below:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**