



CONSENT FORM

Dementia Training general practitioner and practice nurse group

Project ID: 38423

Project title: The right to rehabilitation for people with dementia: Implementation and evaluation of the "INCLUDE" interventions

Chief Investigator: A/Prof Michele Callisaya
The National Centre for Healthy Ageing, Monash University
email: michele.callisaya@monash.edu

I have been invited 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:	Yes	No
Complete two surveys to evaluate the education provided by Dementia Training Australia	<input type="checkbox"/>	<input type="checkbox"/>
The data that is collected may be used by the research team in future research projects where ethics approval has been granted	<input type="checkbox"/>	<input type="checkbox"/>
Optional		
I agree to participate in the additional self-pace exercise and attend an on-line focus group in 4 months	<input type="checkbox"/>	<input type="checkbox"/>
I would like to receive information on a newly created dementia rehabilitation e-module (2-3 hour) - if you tick yes, you will be sent information when the course is open for enrolment.	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant _____

Your email address (for the focus group):

Participant Signature _____ Date _____

Please return this form to Dr Angel Lee (Monash University) email: angel.lee@monash.edu



CONSENT FORM

Health professional e-module - second intake group

Project ID: 38423

Project title: The right to rehabilitation for people with dementia: Implementation and evaluation of the "INCLUDE" interventions

Chief Investigator: A/Prof Michele Callisaya
The National Centre for Healthy Ageing, Monash University
email: michele.callisaya@monash.edu

I have been invited 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
<ul style="list-style-type: none">• undertaking the e-module education	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Complete two online surveys to evaluate the e-module	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• The data that is collected in this study may be used by the research team in future research projects where ethics approval has been granted	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant _____

Your email address (for receiving surveys-Do not leave blank and please write clearly)

Participant Signature _____ Date _____

Please return the consent for to Dr Angel Lee email: angel.lee@monash.edu



CONSENT FORM

Health professional e-module and community of practice group

Project ID: 38423

Project title: The right to rehabilitation for people with dementia: Implementation and evaluation of the “INCLUDE” interventions

Chief Investigator: A/Prof Michele Callisaya
The National Centre for Healthy Ageing, Monash University
email: michele.callisaya@monash.edu

I have been invited 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
• undertaking the e-module education	<input type="checkbox"/>	<input type="checkbox"/>
• participating in the activities of the community of practice	<input type="checkbox"/>	<input type="checkbox"/>
• agree to my name being included in the surveys to evaluate changes in social networks through the community of practice	<input type="checkbox"/>	<input type="checkbox"/>
Complete three online surveys	<input type="checkbox"/>	<input type="checkbox"/>
The data that is collected in this study may be used by the research team in future research projects where ethics approval has been granted	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant

Your email address (for receiving surveys-Do not leave blank and please write clearly)

Participant Signature

Date

Please return the consent form to: Dr Angel Lee (Monash University) email: angel.lee@monash.edu