**Consent Form to Participate in a Research Project.**

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

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

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

**Applying the Flinders Program to support self-management in people with chronic conditions in a group setting: a feasibility study.**

In relation to this study, I have read the Patient 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 determine whether the Flinders Chronic Condition Management Program can be applied to the group setting (in the form of “Take Control – Live Well” program) and achieve an increase in your quality of life and confidence in managing your chronic condition(s).
    3. The results obtained from the study may or may not be of direct benefit to my medical management.
    4. The study procedure will involve you participating in the 3-weekly sessions of “Take Control – Live Well” and a 3-month ‘reunion’ session. You will be required to fill out some additional surveys prior to starting the “Take Control – Live Well” program, after the “Take Control – Live Well” program, after your 3 month “Take Control – Live Well” session and after 6 months. You may also be invited to participate in a one-on-one interview with the researcher after your 3-month session.
    5. Possible adverse effects or risks related to this study may include inconvenience through taking more time to complete required surveys.
    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: 02 5124 5659 or ethics@act.gov.au)
    7. I can refuse to take part in this project or withdraw from it at any time without affecting my medical care.
    8. Participation in this project will not result in any extra medical or hospital costs to me.
    9. 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) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**