CONSENT FORM - ADULT PROVIDING OWN CONSENT

Version: 3.0 – Dated 27th October 2021

Title	The Australian Eye and Ear Health Survey
Short Title	Australian Eye and Ear Survey
Protocol Number	TBC
Project Sponsor	Australia Government, Department of Health
Principal Investigator	Professor Paul Mitchell
Associate Investigator(s)	Associate Professor Gerald Liew, Professor Bamini Gopinath, Professor Lisa Keay, Associate Professor Gian Luca Di Tanna, Ms Colina Waddell, Dr Tim Fricke
Primary Organisation	The Westmead Institute for Medical Research
Site No.	_ _ _

Declaration by Participant

I have read the Participant Information Sheet, or someone has read it to me in a language that I understand.
I understand the purposes, procedures and risks of the research described in the project.
I have had an opportunity to ask questions and I am satisfied with the answers I have received.
I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.
I understand that I will not receive any payment for participating in this study.
I understand that the results of this study may be published in a public or other forum.
I understand that no culturally-restricted information will be collected during my participation.
I understand that I will be given a signed copy of this document to keep.

I consent to:

1. ☐ 1 Participating in the eye/vision survey

☐ 2 Participating in the eye/vision survey AND hearing survey

2. Receiving feedback about the results of this study:

☐ 1 Yes ☐ 2 No

If you answered **Yes**, please provide the following information:

Name	
Contact Number	
Email Address	
Postal Address	

Could you please provide the name and address of one person we could contact to get a forwarding address for you if you move?

Name	
Relationship to you	
Contact Number	
Email Address	
Postal Address	

3. Being contacted about a follow up study:

☐ 1 Yes ☐ 2 No

Participant's Name (printed) ……

Signature…… Date ……

Witness (where required – see Note for Guidance on Good Clinical Practice CPMP/ICH/135/95 at 4.8.9)

Name of Witness* to Participant's Signature (printed) ……

Signature ……Date ……

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by researcher*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's Name (printed) ……

Signature …… Date ……

* A member of the research team must provide the explanation and provision of information concerning the research project.

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