

THE UNIVERSITY OF
SYDNEYTHE UNIVERSITY OF
MELBOURNERECOVER
Injury Research Centre

Curtin University

Discipline of Physiotherapy
Faculty of Health Sciences

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Email: trudy.rebeck@sydney.edu.auWeb: <http://www.sydney.edu.au/>**Implementation of a novel clinical Pathway of CarE for common musculoskeletal disorders in primary care (PACE study)****PARTICIPANT CONSENT FORM**

I, [PRINT NAME], agree to take part in this research

study. In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- ✓ I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at The University of Sydney, The University of Melbourne, The University of Queensland, The RECOVER Injury Research Centre or Curtin University now or in the future.
- ✓ I understand that the decision whether to participate in the study or not will not affect my medical treatment or my relationship with the staff who are caring for me.
- ✓ I understand that I can withdraw from the study at any time.
- ✓ If I complete the questionnaires over the phone, I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.
- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. As per the Australian Code for the Responsible Conduct of Research, the data will be stored for 20 years for a clinical research trial. I

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understand that information about me will only be told to others with my permission, except as required by law.

- ✓ I understand that my travel reimbursements will be covered by the study. The 'usual care' costs will be covered as in general by my claim to my compulsory third party insurer. If I am randomised to receive specialist care, these costs are met by the study, and the specialist will be paid directly.
- ✓ I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.
- ✓ I understand that the researchers will ask my nominated health care professional about the nature and amount of treatment they have provided to me.

I consent to:

- **Participating in the study** YES NO
- **The researchers contacting my health care professional/s about my involvement in the trial and to provide general information about the treatment they provided** YES NO
- **Being contacted about future studies** YES NO
- **Receiving feedback about my personal results** YES NO

Would you like to receive feedback about the overall results of this study? YES NO

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

.....
Signature

.....
PRINT name

.....
Date