**CONSENT FOR THE RELEASE OF INFORMATION**

**Project: A comparison of teaching techniques to train the use of smartphone memory apps in stroke survivors**

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I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (DOB) \_\_\_ / \_\_\_ / \_\_\_

hereby consentto ­­­­­­­­­­­\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name of researcher)*

from Monash University, to obtain information relating to myself, my health and my medical history from

*(Insert name of institution/doctor/medical facility)*

**Signed:**

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 (Participant’s signature) (Date)

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 (Researcher’s signature) (Date)