

Consent Form - Participant

Title: Physiotherapy Defined Scope of Practice (Prescribing)

Short Title: Prescribing by Physiotherapists

Protocol Number: HREC/14/QPAH/385

Project Sponsor: Allied Health Professions Office of Queensland

Chief Investigator: Mark Cruickshank, (*Royal Brisbane & Women's Hospital*)

Coordinating Principal Investigator/Principal Investigators

Deborah Lenaghan (*Robina Hospital*), Maree Raymer (*Royal Brisbane & Women's Hospital*) & Darryn Marks (*Gold Coast University Hospital*).

Associate Investigator(s)

Cherie Hearn (*Princess Alexandra Hospital*), Nicole Bellet (*The Prince Charles Hospital*), Dean Blond (*Gold Coast University Hospital*), Rod Ellem (*Robina Hospital*), Tania Cavanagh (*Cairns Hospital*), Mark Nelson (*QEI Jubilee Hospital*) & Dr Lisa Nissen (*QUT*).

Declaration by Participant

I have read the Participant Information Form or someone has read it to me in a language that I understand.

I understand the purposes 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 understand that in agreeing to participate, I may or may not be prescribed medicines by a physiotherapist and in order to assess the safety of prescribing the research team will access my medical record.

I understand that I will be asked to complete a short experience and satisfaction survey. I would like to complete this experience and satisfaction survey:

electronically on my mobile phone/device. My mobile number is: _____

OR

on a paper form with a postage paid return envelope

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

Name of Participant (please print) _____

Signature _____ Date _____

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.

An interpreter service was used to give this research project explanation? Yes No

Name of Researcher[†] (please print) _____

Signature _____ Date _____

[†]An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.