



University of
South Australia

School of Health Sciences

CONSENT FORM

Title

Changes in movement quality in response to an 8 week individualised corrective exercise intervention in healthy adults: A randomised trial.

Author

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	YES	NO
I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.	<input type="checkbox"/>	<input type="checkbox"/>
I am a male or female between the age of 18 and 55 years.	<input type="checkbox"/>	<input type="checkbox"/>
I understand the purpose of the research project and my involvement in it.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can withdraw my consent following completion of the study.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if I do withdraw from the study prior to its completion, my data will not be used.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I will receive a copy of my personal results and a summary of the project findings.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I will be video recorded as part of this study, and that video information will be stored securely and anonymously.	<input type="checkbox"/>	<input type="checkbox"/>
I give consent to be contacted for future trials that I may be suitable for.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that all data stored as computer files will be kept on the University of South Australia's network, and will be password accessible exclusively to the study investigators. Hard-copy data will be stored in a locked filing cabinet in the office of the principal investigator. All data will be kept securely for 5 years, after which it will be deleted.	<input type="checkbox"/>	<input type="checkbox"/>
I give consent for my data obtained during this trial to be used in future studies.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant.....

Signed.....**Date**.....

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher's signature and date.....