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**Attention and Older Adults**

**CONSENT FORM 1**

**FOR ELIGIBILITY ASSESSMENT**

**Location:** Psychology Clinic, University of Southern Queensland (USQ),

487-535 West Street, Toowoomba Qld 4350, Australia.

**Researchers:** Ms Mousumi Singh, Toowoomba Hospital, Darling Downs Hospital and Health Service (DDHHS).

 Professor Bob Knight, University of Southern Queensland (USQ)

 Associate Professor Gavin Beccaria, USQ.

**Declaration by Participant**

I have read the Participant Information Sheet. I understand the purposes, procedures and risks of this study.

I have had the opportunity to ask questions. I am satisfied with the answers I have received.

I freely agree to participate in this study as described.

I agree to be tested to find out whether I qualify for this study. I understand that if I do not qualify for this study, I will not be asked to take part in the rest of this study.

I agree to the results of my tests being placed in my personal file at the Psychology Clinic, USQ, Toowoomba.

I understand that I am free to withdraw from the study at any time. This will not affect my current and future health care.

I understand that I will be given a signed copy of this document to keep

Name of the Participant (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by the Researcher:**

I have given a verbal explanation of this study, its procedures and risks. I believe that the participant has understood the explanation.

Name of the Researcher (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attention and Older Adults**

**CONSENT FORM 2**

**FOR PARTICIPATION IN THE STUDY**

**Location:** Psychology Clinic, University of Southern Queensland (USQ),

487-535 West Street, Toowoomba Qld 4350, Australia.

 **Researchers:** Ms Mousumi Singh, Toowoomba Hospital, Darling Downs Hospital and Health Service (DDHHS).

 Professor Bob Knight, University of Southern Queensland (USQ)

 Associate Professor Gavin Beccaria, USQ.

**Declaration by Participant**

I have read the Participant Information Sheet. I understand the purposes, procedures and risks of this study.

I have had the opportunity to ask questions. I am satisfied with the answers I have received.

I freely agree to participate in the study as described.

I understand I am free to withdraw from the study at any time. This will not affect my current and future health care.

I agree to the results of my tests being placed in my personal file at the Psychology Clinic, USQ, Toowoomba.

I am aware of the lucky draw at the end of the study. I understand that I will qualify for the lucky draw only if I participate till the end.

I would like to take part in the lucky draw. **Circle one: YES OR NO.**

I wish to obtain a report on this study once it is completed. **Circle one: YES OR NO**

I understand that I will be given a signed copy of this document to keep

Name of the Participant (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by the Researcher**

I have given a verbal explanation of this study, its procedures and risks. I believe that the participant has understood the explanation

Name of the Researcher (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**Attention and Older Adults**

**CONSENT FORM 2**

**FOR PARTICIPATION IN THE STUDY**

**Location:** Toowoomba Hospital Memory Clinic, Geriatric Adult and Stroke Rehabilitation Services, (GARSS).

**Researchers:** Ms Mousumi Singh, Toowoomba Hospital, Darling Downs Hospital and Health Service (DDHHS).

 Professor Bob Knight, University of Southern Queensland (USQ)

 Associate Professor Gavin Beccaria, USQ.

**Declaration by Participant**

I have read the Participant Information Sheet. I understand the purposes, procedures and risks of this study.

I have had the opportunity to ask questions. I am satisfied with the answers I have received.

I freely agree to participate in the study as described.

I understand I am free to withdraw from the study at any time. This will not affect my current and future health care.

I am aware of the lucky draw at the end of the study. I understand that I will qualify for the lucky draw only if I participate till the end.

I agree to the results of my tests being placed in my medical file at the hospital.

I would like to take part in the lucky draw. **Circle one: YES OR NO.**

I wish to obtain a report on this study once it is completed. **Circle one: YES OR NO**

I understand that I will be given a copy of this signed document to keep

Name of the Participant (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by the Researcher**

I have given a verbal explanation of this study, its procedures and risks. I believe that the participant has understood the explanation

Name of the Researcher (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_