



This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: [humanethics@unisa.edu.au](mailto:humanethics@unisa.edu.au)

**SECTION 1: CONTACT AND PROJECT DETAILS**

Researcher's Full Name:	Jacinta Brinsley
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Contact Details:	Kade.Davison@unisa.edu.au
Protocol Number:	202462
Project Title:	The role of physical activity in the benefits from yoga on acute changes in mood in people with a common mental disorder: a randomised controlled cross-over study

**SECTION 2: CERTIFICATION**

Participant Certification

In signing this form, I confirm that:

- I am over 18 years of age
- 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.
- I understand the purpose of the research project and my involvement in it.
- 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.
- I understand my data will be de-identified and electronic data will be stored on a password protected computer and paper copy data will be stored in a locked cabinet in a separate building on university campus.
- I understand that if I withdraw from the research project my data may still be included in the results.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential, unless required by law.
- I have not returned from overseas travel in the previous 2 weeks, I have not been in contact with a suspected/confirmed COVID-19 patient and I am not currently experiencing flu-like symptoms.

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*Participant Signature*

*Printed Name*

*Date*

Researcher Certification

I have explained the study to subject and consider that he/she understands what is involved.

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*Researcher Signature*

*Printed Name*

*Date*