**Placement of air purifiers in rooms of residents in Australian Residential Aged Care Facilities**

**PARTICIPANT CONSENT FORM (GUARDIAN)**

I, ........................................................................................................ [name of Enduring Guardian]

of ..........................................................................................................................……. [address],

Guardian of ……………………………………………………………………. [name of resident]

have read and understand that the study will be conducted as described in the Information Statement, a copy of which I have retained. I have discussed this research with my [friend/relative].

I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect, and of their implications as far as they are currently known by the researchers.

I understand that participation in this study will allow the researchers to have access to my [friend’s/ relative’s] medical record, and I agree to this.

I agree to my [friend/relative] participating in this study and understand that I can withdraw him/her at any time without providing a reason.

I understand that my [friend’s / relative’s] personal information will remain confidential to the researchers.

I and my [friend/relative] have had the opportunity to have questions answered to our satisfaction.

I hereby agree to my [friend’s/relative’s] participation in this research study.

**NAME OF RESIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESIDENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF ENDURING GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by person conducting the consent process**

I, the undersigned, have fully explained this research to the enduring guardian named above.

**NAME: Bismi Thottiyil Sultanmuhammed Abdul Khadar**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**