

CONSENT FORM

Family carer of the person with mild dementia/cognitive impairment

Project ID: 39672

Project title: Changing the focus: Facilitating engagement in physical activity for people with dementia in a local community - A feasibility study

Chief Investigator: Professor Keith Hill

Rehabilitation, Ageing and Independent Living Research Centre, Monash University

email: keith.hill@monash.edu

I have been invited to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Take part in the 12-month “Changing the Focus” physical activity program	<input type="checkbox"/>	<input type="checkbox"/>
Take part in the evaluations at home visits	<input type="checkbox"/>	<input type="checkbox"/>
Take part in the discussion to help the person decide on a suitable physical activity program or programs and set physical activity goal	<input type="checkbox"/>	<input type="checkbox"/>
Take part in the support calls	<input type="checkbox"/>	<input type="checkbox"/>
Support the person who you care for to attend the chosen physical activity program(s) and/or supervise the person to do the home exercises as provided by the study therapist.	<input type="checkbox"/>	<input type="checkbox"/>
Take part in filling in the fall and exercise diary everyday	<input type="checkbox"/>	<input type="checkbox"/>
Take part in an optional interview at 6 months or at the time you withdraw from the study		
Information obtained from this study may be used in future projects but only de-identified information will be used and with ethics approval for these future projects.	<input type="checkbox"/>	<input type="checkbox"/>

Name of family carer: _____

Family carer’s signature: _____

Date _____

CONSENT FORM**Exercise providers****Project ID: 39672****Project title: Changing the focus: Facilitating engagement in physical activity for people with dementia in a local community - A feasibility study****Chief Investigator: Professor Keith Hill**Rehabilitation, Ageing and Independent Living Research Centre, Monash University
email: keith.hill@monash.edu

I have been invited to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Take part in an optional interview sixth months after one or more “Changing the Focus” study participants starting in one of my physical activity programs	<input type="checkbox"/>	<input type="checkbox"/>
Information obtained from this study may be used in future projects but only de-identified information will be used and with ethics approval for these future projects.	<input type="checkbox"/>	<input type="checkbox"/>

Name of exercise provider: _____

Exercise provider's signature: _____

Date: _____

CONSENT FORM**Person with mild dementia/cognitive impairment who is able to give consent****Project ID: 39672****Project title: Changing the focus: Facilitating engagement in physical activity for people with dementia in a local community - A feasibility study****Chief Investigator: Professor Keith Hill**Rehabilitation, Ageing and Independent Living Research Centre, Monash University
email: keith.hill@monash.edu

I have been invited to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Take part in the 12-month “Changing the Focus” physical activity program	<input type="checkbox"/>	<input type="checkbox"/>
Take part in the assessments at the home visits	<input type="checkbox"/>	<input type="checkbox"/>
Take part in the discussion to decide on a suitable physical activity program or programs and set your physical activity goal	<input type="checkbox"/>	<input type="checkbox"/>
Take part in the support calls	<input type="checkbox"/>	<input type="checkbox"/>
Fill in your fall and exercise diary daily and provide the information to the researcher	<input type="checkbox"/>	<input type="checkbox"/>
Take part in an optional interview at 6 month or at the time you withdraw from the study	<input type="checkbox"/>	<input type="checkbox"/>
Information obtained from this study may be used in future projects but only de-identified information will be used and with ethics approval for these future projects.	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant: _____

Participant Signature : _____

Date : _____

Name of informal carer (witness): _____

Informal carer’s Signature : _____

Date : _____

CONSENT FORM

Person with mild dementia/cognitive impairment who is unable to give consent

Project ID: 39672

Project title: Changing the focus: Facilitating engagement in physical activity for people with dementia in a local community - A feasibility study

Chief Investigator: Professor Keith Hill

Rehabilitation, Ageing and Independent Living Research Centre, Monash University
email: keith.hill@monash.edu

I have been asked to give consent for the person with mild dementia/cognitive impairment to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby give consent on behalf of the person with mild dementia/cognitive impairment to participate in this project.

I consent to the following:	Yes	No
I believe that if the person with mild dementia/cognitive impairment were capable to consent, he/she will be willing to consent to participate in the study	<input type="checkbox"/>	<input type="checkbox"/>
Details of the study have been explained to me and the person with mild dementia/cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>
The person with mild dementia/cognitive impairment and I have got a copy of the explanatory statement	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the information collected by the study team will be used as part of this study	<input type="checkbox"/>	<input type="checkbox"/>
Any questions I have asked regarding the study have been answered	<input type="checkbox"/>	<input type="checkbox"/>
The person with mild dementia/cognitive impairment takes part in the 12-month "Changing the Focus" physical activity program	<input type="checkbox"/>	<input type="checkbox"/>
The person with mild dementia/cognitive impairment takes part in the assessments at the home visits	<input type="checkbox"/>	<input type="checkbox"/>
The person with mild dementia/cognitive impairment takes part in the discussion to decide on a suitable physical activity program or programs and set physical activity goal	<input type="checkbox"/>	<input type="checkbox"/>
The person with mild dementia/cognitive impairment takes part in the support calls	<input type="checkbox"/>	<input type="checkbox"/>
The person with mild dementia/cognitive impairment fills in the fall and exercise diary daily with assistance from their carer and provide the information to the researcher	<input type="checkbox"/>	<input type="checkbox"/>
The person with mild dementia/cognitive impairment takes part in an optional interview at 6 month with assistance from their carer or at the time they withdraw from the study	<input type="checkbox"/>	<input type="checkbox"/>
I agree that the data may be used as a report or presented at conferences or published on the condition that no name or any other identifying information is used.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that any information provided by the person with mild dementia/cognitive impairment and me will be strictly confidential	<input type="checkbox"/>	<input type="checkbox"/>
Information obtained from this study may be used in future projects but only de-identified information will be used and with ethics approval for these future projects.	<input type="checkbox"/>	<input type="checkbox"/>

Name of family carer: _____

Family carer's Signature: _____

Date: _____

Name of witness: _____

Witness Signature: _____

Date: _____

CONSENT FORM**Referrers****Project ID: 39672****Project title: Changing the focus: Facilitating engagement in physical activity for people with dementia in a local community - A feasibility study****Chief Investigator: Professor Keith Hill**Rehabilitation, Ageing and Independent Living Research Centre, Monash University
email: keith.hill@monash.edu

I have been invited to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Take part in an interview at the first month of referring a participant to the “Changing the Focus” program	<input type="checkbox"/>	<input type="checkbox"/>
Information obtained from this study may be used in future projects but only de-identified information will be used and with ethics approval for these future projects.	<input type="checkbox"/>	<input type="checkbox"/>

Name of referrer: _____

Referrer's signature: _____

Date: _____