

Appendix 3. Consent Form

**AGREEMENT/ CONSENT FORM
FOR INVOLVEMENT OF PARTICIPATION IN MEDICAL RESEARCH**

At St John of God Berwick Hospital
(Approved by Research Human Ethics Committee at St John of God Healthcare)
Application Reference Number:

Project Title

EFFICACY OF STRENGTHENING OR BALANCE EXERCISES IN A FALLS & BALANCE PROGRAM

being conducted by

Chief Investigator:

Angel Ching¹

¹ Allied Health Manager

Co-Investigators:

Isaac Fraig²

Caroline Nguyen²

Rebekah Sadler³

Kathryn Cheung³

Joshua Bird⁴

Dr Sangeeta Rathi⁵

² Physiotherapist

³ Occupational Therapist

⁴ Exercise Physiologist

⁵ Allied Health and Rehabilitation Research Lead

I _____ have read and understand the information provided in the Participant Information Sheet, and any questions I have asked have been answered to my satisfaction. I agree to participate in the project, and I can withdraw from the study at any stage. I agree to the researchers accessing my medical record to take information regarding my contact details, date of birth, the circumstances surrounding my rehabilitation progress, as well as the results of physiotherapy and occupational therapy assessment on my first session, last session, 1 month and 3 months after the completion of the Falls & Balance program at St John of God Berwick Hospital. I agree that research data provided by me or with my permission during the project may be included in the presentations at conferences and publications in journal and used in future research studies on the condition that neither my name or my other identifying information be used.

NAME OF PARTICIPANT (in block letters):	
Signature:	Date:
NAME OF RESEARCHER (in block letters):	
Signature:	Date:



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