

Attachment 1. Consent Form

Participant with intellectual disability

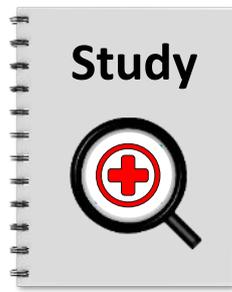
Melbourne School of Population and Global Health

Faculty of Medicine, Dentistry and Health Sciences

In collaboration with the Centre for Disability Studies, (affiliate of the University of Sydney)

Easy Read Consent Form for

Access to Allied Health Therapy Services



This document is about the **Access to Allied Health Therapy Services Study project**



Please read the **participant information statement** about the study before reading this document



If you say yes to this study it means that you also say yes to the things below



I have been given a **participant information statement** to read



Someone has talked to me about the study



I understand what being in this study means for me

I know I am participating in an interview



I know a family carer or support person can participate with me



I know it will be online



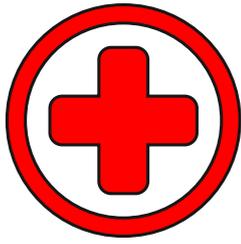
I know the interview is for a research study



I know that what I tell the
researcher interview will be
recorded



I know the study is access to
therapy services for people with
intellectual disability



I understand that therapy services include



Speech therapists



Occupational therapists



Physiotherapists



I know the risks of being in the study



I know the benefits of being in the study



I know that I do not have to be in the study if I do not want to



I have been told that I can change my mind at any time



I know that this means I can choose to not be part of the study



I know that if I stop doing the study I can choose if I want them to delete or keep my information



I know that means they will delete my information if I want



I know this means my information will not be in the study



I know this means they will not share my information unless the law says they have to



I have been told if I say yes or no it will not change how the study team feels about me



I know what I say or do in the study is private

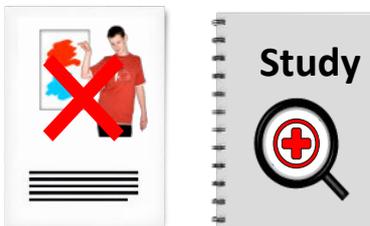


I know the study team will write what they learn about me

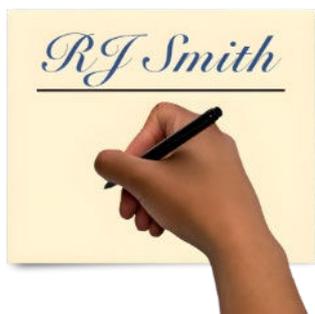
I know they will not use my name



I know they will not use my information that could tell other people who I am



I know the results of the study will be published



I know if I sign the researchers will keep this form



To say yes to this consent form you must sign it



Sign your name in the box



Write your name in the box



Tick this box if you want to hear what the study found

Declaration by consultation team member:

I have explained the project to the participant who has signed above. I believe that they understand the purpose, extent and possible risks of their involvement in this project.

Consultation Team Member Name

Consultation Team Member Signature

Date

NOTE: If you are signing this consent form you must also date your own signature.