

## Attachment 2. Consent Form

### Family Carer/Support person Consent Form

Melbourne School of Population and Global Health  
Faculty of Medicine, Dentistry and Health Sciences  
In collaboration with the Centre for Disability Studies, University of Sydney

### **Project: How do people with intellectual disability access allied health therapy services**

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This project is being conducted by the University of Melbourne in partnership with the Centre for Disability Studies an affiliate of the University of Sydney

## General respondent (Family carer/support person) Consent Form

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**Participant with  
Intellectual Disability  
Name**

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**Family/Carer support  
Person  
Name**

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I agree to take part in this research study.

In giving my consent, I confirm that that:

- The details of any involvement have been explained to me, and I have been provided with a written Plain Language Statement to keep.
- I understand the purpose of the study is to examine how people with intellectual disability access or are trying to access allied health services (speech, occupational and physiotherapy) with or without funding from the National Disability Insurance Scheme (NDIS).
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study will require participation in an online semi-structured interview that will take 45 to 60 minutes.
- I understand that being in this study is completely voluntary.
- The researcher gave me an opportunity to clarify and ask questions. All the questions have been reasonably answered and I was satisfied with the answers that I received.
- I am assured that my decision will not have any impact on any relationship with the research team or the University of Melbourne or the Centre for Disability Studies an affiliate of the University of Sydney or our access to allied health services.
- I acknowledge that:
  - I take part in this research project without coercion, and I can withdraw my participation from the project at any time without explanation or prejudice and withdraw any unprocessed data that I have provided.
  - This project is for the purpose of research only.

- I have been informed that all information that I provide is confidential and will be safeguarded subject to any legal requirements. Australian Privacy Laws will be applicable in the handling of personal data. the confidentiality of the information provided will be protected and will only be used for purposes that have been agreed to. I understand that information identifying me or the person I care for will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain any identifiable information about the person under my care.

- I confirm the following:

**The interview being digitally recorded**

Yes  No

**I would like feedback on the overall results of this study**

Yes  No

If you answered **yes** to receiving feedback or being contacted in future, please provide your preferred contact details (email/telephone/postal address):

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- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

**Family carer /support  
person Name**

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**Signature**

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**Date**

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Parent     Carer     Legal guardian     Support     Other