

*<Insert any additional institution logos here>*

***Please note:*** *This is a draft template for participant information to be used with surveys where consent is implied from return of a survey (please remove this sentence prior to distribution)*

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| **Barwon Health Reference Number** |  |
| **Project Title** |  |

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| --- | --- |
| **Principal Investigator** |  |
| **Email Address** |  |
| **Contact Phone Number** |  |

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| **Associate Investigators** |  |

You are being invited to take part in the above research project led by the *<insert name of department/school/institution>*

**Aim**

The aim of this study is to investigate *<insert details>*

**Who can participate?**

*<Insert details>*

**How were you selected?**

*<Insert details>*

**Risks and benefits to you**

Apart from the time it will take you to complete the survey, we do not foresee any risks to you. Your involvement is voluntary. We are not asking for any identifying information. There will be no direct benefits to you, but it is intended that the data that we collect will assist with *<insert details>*

**How to participate**

This project involves answering questions about *<insert details>*. We would be grateful if you could take *<insert no of minutes>* minutes to complete the survey that follows. Completion and return of the survey will be understood to imply that you have given informed consent to participate in this research project.

**Data management**

There will be no codes or information on the survey that will enable investigators to identify you. You are not required to provide your name on the survey. Returned surveys will be kept in a locked storage area, and any computer files from this study will be password protected. This data will be destroyed after seven years. You are also invited to contact the Principal Investigator, using the above details, with further comments or to obtain a copy of the findings.

**Ethics approval and complaints**

This study has been approved by the HREC of *<insert name of HREC>*

If you have any questions, please contact the Principal Investigator using the above details.

If you have any complaints about the conduct of this research, please contact the Consumer Liaison Officer on (03) 4215 1251 or via email at [Consumer.LiaisonOfficer@barwonhealth.org.au](mailto:Consumer.LiaisonOfficer@barwonhealth.org.au).

Thank you for your interest in this study.