CONSENT FORM

Participant's Full Name: _____

Address: _____

Contact Number: _____

Email Address: _____

1. Purpose of Consent

By signing this Consent Form, I confirm that I have been informed about the nature, purpose, and possible risks associated with the activity or procedure described to me. I understand that my participation is voluntary and that I have the right to withdraw my consent at any time without penalty or loss of benefits to which I am otherwise entitled.

2. Description of Activity or Procedure

I have been provided with a detailed explanation of the activity or procedure, including what it involves, its duration, and what will be required of me as a participant. I understand the expected benefits as well as any foreseeable discomforts, inconveniences, or risks.

3. Confidentiality and Use of Information

I acknowledge that all personal information and data collected in connection with this consent will be handled in accordance with applicable Australian privacy laws, including the Privacy Act 1988 (Cth). My information will be kept confidential and used only for the stated purposes unless otherwise required by law.

4. Risks and Benefits

I understand there may be risks involved, which have been explained to me. I have had the opportunity to ask questions and have received satisfactory answers. I understand the potential benefits, if any, and that no guarantees have been made about the outcome.

5. Voluntary Participation and Withdrawal

I understand that my participation is voluntary and that I may refuse to participate or withdraw consent at any time without any negative consequences or loss of entitlements. I understand that withdrawal will not affect any existing rights or access to services.

6. Queries and Complaints

I have been informed about who to contact if I have any questions, concerns, or complaints regarding this consent or the related activities. Contact details have been provided to me for further information or assistance.

7. Consent Declaration

By signing below, I declare that I have read and understood the information provided, had the opportunity to ask questions, and voluntarily agree to the terms outlined in this Consent Form. I acknowledge that no guarantees or assurances have been made other than those contained in this document.

PARTICIPANT'S SIGNATURE

Signature: _____

Print Name: _____

Date: _____

WITNESS' SIGNATURE

Signature: _____

Print Name: _____

Date: _____