

Participant Consent Form



Enhancing Equity in Cervical Screening for People with Disability

Professor Deborah Bateson, Associate/Professor Mary-Ann O'Donovan and Emily Gosden - Kaye
School of Health Sciences, Faculty of Medicine and Health
Phone: +61 2 9036 3600 | Email: emily.gosden-kaye@sydney.edu.au

Name _____

I agree to take part in this consultation. In giving my consent, I confirm that that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the consultation is about discussing access to cervical screening.
- I acknowledge that the risks and benefits of participating in this consultation have been explained to me to my satisfaction.
- I understand that in this consultation I will be required to participate in a one-hour focus group interview with four other participants to answer questions about cervical screening. The focus group interview can take place online or in person at the University of Sydney.

The consultation activities will include examining a case study and discussing access to cervical screening. These discussions will be recorded and subsequently transcribed for internal reports.

- I understand that my participation may be audio recorded.
- I understand that being in this consultation is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the project team or the University of Sydney.
- I understand that I am free to withdraw from this consultation at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information identifying me will only be told to others with my permission, except as required by law.
- I understand that the results of this consultation may be published internally, and that publications will not contain my name or any identifiable information about me.

- I confirm the following:

I consent to audio recordings. Yes No

I would like feedback on the overall results of this consultation. Yes No

If you answered **yes**, please provide your preferred contact details (email/telephone/postal address):

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

Name _____

Signature _____

Date _____