

ONLINE PARTICIPANT CONSENT FORM

PROJECT TITLE: Australian Longitudinal Study on Back and Neck Pain
HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2023-027
PRINCIPAL INVESTIGATOR: Dr Rutger de Zoete

I have read the attached Information Sheet and agree to take part in the research project identified above.

I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.

I understand the purpose of the research project, and understand that it may improve my health, but it has also been explained that my involvement may not be of any benefit to me. I agree to participate in the activities as outlined in the participant information sheet. I consent to:

- Complete online questionnaires

I understand my contact details (phone number, email address, home address) will be collected in order to be contacted throughout the study period.

I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.

I have been informed that the information gained in the project may be published in journal articles, books, news articles, conference presentations, and reports. I have been informed that in the published materials, I will not be identified and my personal results will not be divulged.

I hereby provide 'extended' consent and agree to my data being used for future research purposes as follows:

Research undertaken by these same researcher(s), which may be an extension of, or closely related to, the original project

Yes No

I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.

I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

I wish to receive a summary of the results of this research.

Yes No



Participant to complete:

Name: _____ Signature: _____ Date: _____