

CONSENT FORM**Interviewee****Project ID: 38706****Project title: Ambulance Offload Delay (AOD) In Regional Hospitals From The Perspective Of Paramedics: A Descriptive Phenomenological Study.**

Please complete this form and return via email to **ckit0005@student.monash.edu**

I have been invited to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
To participation in the study	<input type="checkbox"/>	<input type="checkbox"/>
To video recording of interview for the purpose of transcription	<input type="checkbox"/>	<input type="checkbox"/>
To audio recording during the interview for the purpose of transcription and analysis	<input type="checkbox"/>	<input type="checkbox"/>
To a copy of the final publication being sent to me	<input type="checkbox"/>	<input type="checkbox"/>
The consent to be contacted after initial interview for member verification	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant _____

Participant Signature _____ Date _____