

# Participant Consent Form

[Participant group – Focus Group]



## ***Research Study – Palliative Paramedicine: Delphi Study and Focus Group with Experts on Implementation Strategies***

Professor Josephine Clayton (Responsible Researcher)  
Northern Clinical School, Faculty of Medicine and Health  
Phone: +61 2 8788 3952 | Email: josephine.clayton@sydney.edu.au  
Dr Madeleine Juhmann, Research Fellow (Research Co-ordinator) | Email:  
madeleine.juhmann@flinders.edu.au

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**Participant Name** \_\_\_\_\_

I agree to take part in this research study. In giving my consent, I confirm 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 study is to develop a strategy for the national implementation of the palliative paramedicine framework in Australia.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I will be required to participate in an online focus group.
- I understand that my participation will be video and audio recorded, with video recordings being deleted immediately following the sessions.
- I understand that being in this study is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
- I understand that I am free to withdraw from this study 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 about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I confirm the following:

**I consent to recordings (audio/video)** Yes  No

**I would like feedback on the overall results of this study** Yes  No

**I would like to be acknowledged as a participant in any publications arising from this study**  
Yes  No

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

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

**Participant Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_