

CONSENT FORM

Mental Health Scope of Practice for Australian General Practice Nurses

I have been given information about revising the scope of practice for nurses in general practice and have been given the opportunity to discuss the research project with the Project Team and ask any questions that I may have had.

I understand that participation involves taking part in either an individual or group interview. I understand that this interview will be audio-recorded for data analysis purposes and that audio data and transcripts will be stored in a non-identifiable form for a period of 5 years following the publication of results before being permanently destroyed as per the Australian Code for the Responsible Conduct of Research 2007.

I have been advised of the potential risks and burdens associated with this research, which include other members of the group knowing that I have participated and hearing what I have to say during the group discussion. I undertake not to disclose the names of other group members or the content of the discussion to others outside the group. Whilst other participants have also agreed to this I understand that the researchers cannot prevent them from disclosing information outside the focus group.

I understand that my participation in this research is voluntary, I am free to refuse to participate and I am free to withdraw from the research at any time. My refusal to participate or withdrawal of consent will not affect my relationship with the University of Wollongong, Australian College of Mental Health Nurses Inc or any other organisation involved in this Project.

If I have any enquiries about the research, I can contact Prof Liz Halcomb (ehalcomb@uow.edu.au / 02 4221 3784) or Prof Lorna Moxham (lmoxham@uow.edu.au / 02 4239 2559) if I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, Office of Research, University of Wollongong on 4221 3386 or email rso-ethics@uow.edu.au.

By signing below I am indicating my consent to (please tick):

- Participate in an individual / group interview (strike out whichever is not applicable)
- Audio-recording of the interview

I understand that the data collected from my participation will be used for the purposes of developing revised standards of mental health care by nurses working in general practice and any associated reports, presentations and publications, and I consent for it to be used in that manner.

Signed

Date

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Name (please print)

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