

RESTORE clinical trial

CONSENT FORM

Curtin University Human Research Ethics Committee (HREC) has approved this study (HREC number HRE2018-0062). Should you wish to discuss the study with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or you wish to make a confidential complaint, you may contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au

HREC Project Number	HRE2018-0062
Project Title	'RESTORE - Individualised movement rehabilitation for chronic, disabling low back pain'
Principal Investigator	Associate Professor Peter Kent, PhD
Version Number	Version 6
Version Date	10 Oct 2018

- I have read the Participant Information Sheet and I understand its contents
- I believe I understand the purpose, extent and possible risks of my involvement in this project.
- I voluntarily consent to take part in this research project and I know I can refuse or withdraw at any time.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I understand that this project has been approved by Curtin University Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007) – updated May 2015.
- I consent to the storage and use of my information in future ethically-approved research projects.
- If I have been advised not to exercise, I consent to having a Research Assistant contact my GP to clarify whether participating in this project will be appropriate for me.
- If I am receiving third-party compensation due to my low back pain, I consent to having a Research Assistant contact my case manager to clarify whether participating in this project will be appropriate for me.
- I understand that I will receive a copy of this Consent Form and the Participant Information Sheet.
- I understand that if I am in one of the individualised rehabilitation groups, there is a random 1 in 7 chance that three of my treatment sessions might be selected to be potentially videoed. The purpose is to ensure that my physiotherapist is delivering the individualised rehabilitation in the ideal way. If I am selected, I do / do not give permission (please tick the preferred answer) for up to three of my treatment sessions being videoed for that purpose, understanding that I may participate in the trial regardless of the way I answer this:
 - Yes, I give permission
 - No, I do not give permission

Participant Name	
Participant Signature	
Date	

Declaration by researcher: I have supplied a Participant Information Sheet and Consent Form to the participant who has signed above, and believe they understand the purpose, extent and possible risks of their involvement in this project.

Researcher Name	
Researcher Signature	
Date	

