Participant Consent Form

Research Study Title:
The PEER Study: Peer support for the maintenance of high intensity interval training and health in cancer survivors.

Principal Investigator:

1. Kirsten Adlard, BExSS (Hons), PhD Candidate
   Accredited Exercise Physiologist
   The University of Queensland

2. Chloe Salisbury, BENS, MClinExP, PhD Candidate
   Accredited Exercise Physiologist
   The University of Queensland

I _____ (print full name) the undersigned hereby voluntarily consent to my involvement in the research project titled above.

I acknowledge that the nature, purpose and risks of the research project and alternatives to participation have been fully explained to my satisfaction by the principal investigator named above or a senior researcher in the project.

Specifically, the details of the procedures proposed and the anticipated length of time it will take, the frequency with which the procedures will be performed and an indication of any discomfort that may be expected have been explained to me.

- I freely agree to participate in this research project according to the conditions in the Participant Information Sheet which I confirm has been provided to me.
- I give permission for the Queensland Cancer Registry to release my records held in the Queensland Cancer Registry to the researchers undertaking the study.
- I give permission for the research team to access my medical and Cancer Registry records in order to obtain information pertinent to the study.
- I understand that there is no financial reimbursement for being involved in this study.
- I understand that my results will be made available to me (including any publications that result from the project) on request following the completion of the study.
- I understand that my involvement in this study may not be of any direct benefit to me.
- I have been given the opportunity to have a member of my family or another person present while the study is explained to me.
- I have been told that no information regarding my medical history will be divulged to unauthorised third parties and the results of any tests I'm involved with will not be published so as to reveal my identity.

- I understand that access may be required to my medical records for the purpose of this study as well as for quality assurance and auditing.
- I agree for the interviews to be audio-recorded. I understand that the audio recording from this interview will be used for analysis only. I understand that extracts from the interview, from which I would not be able to be personally identified, may be used in conference presentations, dissertation and any report or journal article developed as a result of the research.
- I understand that I am free to withdraw from the study at any stage without prejudice to future treatment. If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.
- I am 18 years of age or over.
- I consent to my treating Doctor/s being notified of my participation in this study and of any clinically relevant information noted by the researchers in the conduct of the trial.
- I declare that all my questions have been answered to my satisfaction.
- I have read, or have had read to me in a language in which I am fluent, and I understand the Participant Information Sheet, version 3, dated March 2018.

NAME OF STUDY PARTICIPANT: _____

SIGNATURE OF STUDY PARTICIPANT: _____

DATE: _____

DECLARATION BY SENIOR RESEARCHER*:
A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation. *A senior member of the research team must provide the explanation and provision of information concerning the research project.

NAME OF SENIOR RESEARCHER: _____

SIGNATURE OF SENIOR RESEARCHER: _____

DATE: _____

USE THIS SECTION ONLY IF REQUIRED:

In the event that an impartial witness is required the following signing clause is to be used. I declare that I have been present when the research was explained to the above-named participant and to the best of my observation and belief was understood and the consent freely given.

FULL NAME OF WITNESS: _____

SIGNATURE OF WITNESS: _____

ADDRESS OF WITNESS: _____

DATE: _____

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course free to discuss your participation in this study with project staff (Kirsten Adlard, contactable on 0421 011 511). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365-3924.