



The University of Sydney

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CDDS

Centre for
Developmental
Disability
Studies

ABN: 69 082 298 575

PARTICIPANT CONSENT FORM

I, Name (please print)..... , give consent to my participation in the

TITLED: An investigation into the significance and impact of bowel and bladder dysfunction on personal burden for people who have Parkinson’s disease.

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. I understand that I can withdraw from the study at any time, without giving reason now or in the future.
4. I understand that my involvement is strictly confidential and no information about me will be used in any way that reveals my identity.
5. I consent to be interviewed on the phone at a mutually agreeable time.

Signed:

Name:

Date:

The telephone number I wish to be contacted on is: () _____

Please indicate with a tick (✓) the most appropriate time to contact you.

	Any time	(9-12) Morning	(12-5) Afternoon	(5-9) Evening
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				