

**CONSENT FORM - Patient**

**Project title** *Improving the management of whiplash associated disorders by Physiotherapists and Chiropractors*

**Researcher's name** *Dr Saravana Kumar, International Centre for Allied Health Evidence, University of South Australia*

- I have read the Information Sheet(s) provided to me about the guideline implementation project, and the nature and purpose of the research project has been explained to me by researchers. I understand and agree to take part in this project.
- I understand that the beginning of the project I will be asked to sign this consent form if I agree to participate in this project. This means researcher(s) can access my case notes, conduct interviews with me and discuss my perspectives of my care.
- I understand the purpose of the project and my involvement in it.
- I understand that I may withdraw from the project at any stage and that this will not affect my status now or in the future.
- I agree to be audio-taped during any interviews, knowing that no personal information will be collected about me on tape
- I understand that while information gained during this research may be published, I will not be identified and my personal results will remain confidential.

**Name of participant**.....

**Signed**.....**Date**.....

I have provided information about the research to the research participant and believe that he/she understands what is involved.

**Researcher's signature and date**.....