



Information and Consent Form

Name of Project: Older Adult Research Database of Participants Interested in Receiving Information about Future Research Trials.

You are invited to register your name in our Older Adult Research Database. This database will list the contact information (Name, Address, Phone Number, Email Address, Gender and date of birth) of participants interested in receiving information about research participation opportunities that we have in the Centre for Emotional Health. The research database is aimed at research associated with understanding mental health in adults aged over 60 years.

The information in this database will be kept confidential and password protected and will only be assessable by Professor Viviana Wuthrich. The database will be held on the Macquarie University Secure Server.

When we have new research projects that we think you might be interested in we will be sent you an information and consent form that describes the study. You can then choose to participate or not participate in any or all of the studies without any penalty. If you want to participate in any of the studies that you receive information about, you will be asked to either return a signed consent form to the investigator indicating your consent, or to contact the researcher directly or to follow a weblink for more information.

Participation in this database is entirely voluntary: you are not obliged to provide your name or contact details and if you decide to consent, you are free to withdraw at any time without having to give a reason and without consequence.

Should you have any queries about the Older Adult Research Database, please do not hesitate to contact Professor Viviana Wuthrich (viviana.wuthrich@mq.edu.au, or phone (02) 9850 4866).

Please send back the completed INVESTIGATOR COPY and INFORMATION FORM back to:

Professor Viviana Wuthrich
Older Adult Research Participant Database
Department of Psychology
Macquarie University
Sydney, NSW, 2109



I, _____, have read (or, where appropriate, have had read to me) and understand the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name: _____
(Block letters)

Participant's Signature: _____ Date: _____

Investigator's Name: _____
(Block letters)

Investigator's Signature: _____ Date: _____

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

(PARTICIPANT'S COPY)

KEEP THIS PAGE FOR YOUR RECORDS



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(Block letters)

Participant's Signature: _____ Date: _____

Investigator's Name: _____
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(INVESTIGATOR'S COPY)

SEND THIS PAGE BACK TO THE RESEARCHER



Participant Information To Be Included in the Research Database

First Name: _____

Surname: _____

Date of Birth: _____

Gender: _____

Postal Address: _____

Contact Phone Number: _____

Email Address: _____

Preferred Method of Contact (please select):
Post Email

Thank you. When we have a suitable study we will send you the relevant information.

SEND THIS PAGE BACK TO THE RESEARCHER