

Withdrawal of Consent Form - Declaration by Participant

I wish to withdraw my consent to participate in this study. I understand withdrawal will not affect my relationship with La Trobe University of any other organisation or professionals listed in the Participant Information Statement. I understand the researchers cannot withdraw my information once it has been analysed and published.

I understand my information will be withdrawn as outlined below:

- ✓ Any identifiable information about me will be withdrawn from the study
- ✓ The researchers will withdraw my contact details so I cannot be contacted by them in the future studies unless I have given separate consent for my details to be kept in a participant registry.
- ✓ The researchers cannot withdraw my information once it has been analysed, and/or collected as part of a focus group

***If you have consented for your contact details to be included in a participant registry you will need to contact the registry staff directly to withdraw your details.*

I would like my already collected and unanalysed data:

- Destroyed and not used for any analysis
- Used for analysis

Participant Signature

Participant's printed name	
Participant's signature	
Date	

Please forward this form to:

CI Name	Associate Professor Adam Bourne
Email	a.bourne@latrobe.edu.au
Phone	03 9479 8765
Postal Address	ARCSHS, Building NR6, La Trobe University, Bundoora, VIC, AU, 0386