

Adult Consent Form

Study Title	A new digital and human-centred educational program to foster healthy behaviours and reduce cardiometabolic complications in children who survived cancer – SUBSTUDY Workshop Focus Group
Principal Investigator/s	Prof Claire Wakefield Behavioural Sciences Unit, Kids Cancer Centre, Sydney Children’s Hospital, Randwick Faculty of Medicine and Health, UNSW Sydney
Main Study Contact Person	Ms Lauren Ha Lauren.ha@unsw.edu.au Behavioural Sciences Unit, Kids Cancer Centre, Sydney Children’s Hospital, Randwick Faculty of Medicine and Health, UNSW Sydney

Declaration by Participant

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand.
- I understand the purposes, procedures and risks of the research project described in the Participant Information Sheet.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my professional relationship with Sydney Children’s Hospital
- I understand that I will be given a signed copy of this document to keep.
- I wish to receive a lay summary of the study findings via the following email / post address:

Name of Participant (please print): _____

Signature of Participant: _____ Date: _____

Under certain circumstances (see Note for Guidance on Good Clinical Practice CPMP/ICH/135/95 at 4.8.9) a witness to informed consent is required.*

Name of Witness* to Participant Signature (please print): _____

Signature of Witness: _____ Date: _____

* The Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witnesses must be over 18 years of age