



LAW AND SEX WORKER HEALTH (LASH) STUDY CONSENT FORM (SURVEY)

If you decide to take part in this research we ask you to tick the box below. Ticking the box indicates that you agree to be in the research project and have the information you provide.

Please take your time and ask any questions you have before you decide what to do.

You will be given a copy of the information sheet to keep.

I have received information regarding this research and had an opportunity to ask questions.

I believe I understand the purpose and the extent of my involvement in this project and I voluntarily consent to take part.

FOR MORE INFORMATION

If you have any concerns or further questions about the survey or research project, please contact:

Associate Professor Linda Selvey
School of Public Health
9266 3799
linda.selvey@curtin.edu.au

Declaration by researcher: I have supplied an Information Statement and Consent Form to the participant who has ticked the box above, and believe that they understand the purpose and extent of their involvement in this project and that there are no foreseeable risks.

Researcher name:

Researcher signature:

Date: