



If you decide to take part in this evaluation we ask you to tick the box, and write your name and the date below.

Doing these things indicates that you agree to have the information you provide in the evaluation forms you will complete. This consent form will not be linked to the evaluation forms you complete.

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

You can keep the information statement you have just read.

I have received information regarding the evaluation and have had an opportunity to ask questions.

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

Participant name: \_\_\_\_\_

Date: \_\_\_\_\_

**Declaration by provider:** I have supplied an Information Statement and Consent Form to the participant who has ticked the above box and written their name, and believe that they understand the purpose and extent of their involvement in the evaluation and possible risks.

Provider name: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For more information**

Contact Bianca Fish from HepatitisWA

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Signed without parental/guardian consent

