

CONSENT FORM**General practitioners' views and experiences about access to reablement or rehabilitation services for people with dementia****For general practitioners****Project ID: 37243****Project title: General practitioners' views and experiences about access to reablement or rehabilitation services for people with dementia****Chief Investigator:** Dr Angel Lee
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I have been invited to take part in the research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Taking part in a once-off interview of approximately 30 minutes in duration	<input type="checkbox"/>	<input type="checkbox"/>
Audio recording during the interview	<input type="checkbox"/>	<input type="checkbox"/>
The information that was collected in the interview up to the time you withdraw from the interview will be used in the study and cannot be withdrawn	<input type="checkbox"/>	<input type="checkbox"/>
Data from the interview may be used in future projects where ethics approval has been granted.	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant _____

Participant Signature _____

Date _____

Name of Researcher _____

Researcher Signature _____

Date _____