

*A/Professor Frini Karayanidis
A/Professor Mark Parsons
Em Professor Pat Michie
Elise Mansfield
Patrick Cooper*



Age-ility Project: Flexible minds for life

CONSENT FORM

By signing this form, I give my free assent to participate in the above research project and agree that:

1. I have read and understood the Information Sheet and have had all questions answered to my satisfaction.
2. The research project will be carried out as described in the Information Sheet, a copy of which I have retained.
3. I will be required to complete several questionnaires, have an EEG and an MRI scan
4. My consent is voluntary and I may withdraw from the study at any time. I do not have to give a reason for the withdrawal of consent. I can elect to withdraw any data that I have contributed to the study.
5. If I decide to withdraw my consent, my decision will not affect any future interactions with the University of Newcastle or the Hunter New England Area Health Service.
6. I understand that all information will remain confidential.

Name: Signature..... Date.....

I would like to receive an email notification of website updates of this research YES ☐ NO ☐

Email address:

I give consent to receive an invitation regarding any follow-up studies. YES ☐ NO ☐

Address:

Home number: Mobile number:

In rare cases, MRI data may suggest a structural brain abnormality. Similarly, some responses may indicate serious risk of harm to self or others. Both events are very rare in healthy people without clinical symptoms so you need not be alarmed. In either event, we will send a report to your GP who will invite you for consultation. To cover this possibility, we ask you to provide us with details of your GP's name and address.

I consent to the researchers contacting my GP, who will discuss these findings and suggest suitable course of action with me.

GP Name: Phone Number:

Practice Address:

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PARENTAL CONSENT

1. I have read and understood the Information Sheet and have had all questions answered to my satisfaction.
2. The research project will be carried out as described in the Information Sheet, a copy of which I have retained.
3. My child will be required to complete several questionnaires, have an EEG and an MRI scan.
4. My child's participation is voluntary and they may withdraw from the study at any time. They do not have to give a reason for withdrawal of consent. We can elect to withdraw any data that has been contributed to the study.
5. If we decide to withdraw consent, this decision will not affect any future interactions with the University of Newcastle or the Hunter New England Area Health Service.
6. I understand that all information will remain confidential.

Parent's Name:

Parent's Signature..... Date.....

In rare cases, it is possible that MRI data may reveal evidence of a structural brain abnormality. It is also possible that some responses may indicate serious risk of harm to self or others. This is very rare in healthy people without clinical symptoms so you need not be alarmed by the possibility. In either event, we will send a report to your GP who will invite you for consultation. To cover this possibility, we ask you to provide us with details of your GP's name and address.

I consent to the researchers contacting my GP, who will discuss these findings and suggest suitable course of action with me.

GP Name: _____ Phone Number: _____

Practice Address: _____