

## CONSENT FORM

**Project Title: Mothers of a child with a disability: Perspectives on health, healthy behaviours and family access to the community**

This consent form will remain the property of the researchers at Monash University.

**I have read the Explanatory Statement, which I keep for my records.**

**I freely agree to participate in this project according to the conditions in the Explanatory Statement.**

I understand that:	YES	NO
- I will be asked to complete an online questionnaire asking me about my health, daily activities, and some questions about my child with a disability and my family.	<input type="checkbox"/>	<input type="checkbox"/>
- Any data that the researcher extracts from the questionnaires for use in reports or published findings will remain anonymous in any reports or publications.	<input type="checkbox"/>	<input type="checkbox"/>
- Data will be collected via a single online survey hosted by Qualtrics, a secure platform. I understand that I can withdraw my consent to participate at any time up until submission of the survey by exiting the survey window or closing my browser.	<input type="checkbox"/>	<input type="checkbox"/>
- Data will be kept in secure storage and accessible to the research team. I also understand that data may be used in future research.	<input type="checkbox"/>	<input type="checkbox"/>

**Participant's name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_