

# Consent Form

Department of General Practice



## ***Project: Responding to Reproductive Coercion in Australian Primary Care: GP's and women's experiences***

**Responsible Researcher:** Professor Kelsey Hegarty

**Additional Researchers:** Ms Molly Wellington (PhD Student), Dr Laura Tarzia

**Name of Participant:** \_\_\_\_\_

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.
2. I understand that the purpose of this research is to investigate my understandings and responses to reproductive coercion
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project I will be asked to participate in an interview with the student researcher.
6. I understand that my interview will be audio recorded.
7. I understand that my participation is voluntary and that I am free to withdraw from this project anytime up until publication of the findings without explanation or prejudice and to withdraw any unprocessed data that I have provided.
8. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed 5 years after publication of research.
9. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers.
10. I understand that given the small number of participants involved in the study, it may not be possible to guarantee my anonymity.
11. I understand that after I sign and return this consent form, it will be retained by the researcher.

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