INSTITUTIONAL LETTERHEAD

STUDY TITLE

You are invited to take part in a *[survey/focus group/interview etc]* to [*main aim or purpose* *of the study*]. The study is being undertaken by *[investigator/s and location]* and is being paid for by [department funds, grant, sponsorship etc].

You have been approached because *[e.g. you have recently had surgery at Prince of Wales Hospital and you are due to be discharged today].*

If you agree to take part in the study you will be asked to [e.g.complete a questionnaire, attend for a focus group etc]. This should take about *[xxx minutes/hours*] to complete and will involve *[e.g. answering questions about your experiences/ attending the XYZ department on date/time].*

Participation in this study is entirely voluntary and if you do not wish to take part it will have no effect on your *[hospital care/relationship with the staff looking after you/employment*]. If you decide to participate you can withdraw from the study at any time without giving a reason; however it *will/may not* be possible to withdraw the data you have provided if identifying information has been removed.

The information you provide [*will not be identifiable/ will only be seen by the study team]* and will be kept securely *[where and how is it stored]* and will be *[destroyed/have identifying information removed] after [study completion/data is entered into database etc]*

The study results will be *[published/form a report for xxx etc].* No one will be able to identify you from this information.

If you are happy to participate please *[give instructions e.g. contact xxx on xxx].* If you don’t want to participate then *[provide relevant instructions].*

If you want any further information about the study please contact [*provide contact details of appropriate study staff]*

If you have any concerns or complaints about the conduct of this study you should contact the Research Support Office of the South Eastern Sydney Local Health District Human Research Ethics Committee which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email

SESLHD-RSO@health.nsw.gov.au and quote [*HREC project number*].

Yours sincerely

[*provide name of clinician/treating team – if appropriate*]

**NB - Ensure version, date and pagination are in the footer**

**When might this be used?**

* To preface a study where consent to participate is implied by study participation e.g. survey or interview
* To introduce a study to potential participants prior to providing a more detailed Participant Information & Consent Form (PIS&CF)

**What is the format?**

Should only be one or two sides of A4

No need to use the paragraph headings (as in a PIS&CF)

Make sure there is a version number and date in the footer

**What information should it include?**

* Purpose of study
* Reason for participation
* Voluntary nature of participation
* Refusal without prejudice
* Withdrawal – how to and what happens to data
* What participation will involve
* How confidentiality will be protected/ what happens to the data
* What happens to the results?
* What to do next if they do or do not wish to participate
* Contact details of the investigator and the HREC for concerns about study conduct.

**Please delete this page from the final draft**