

Supplementary file 1



Research and
Innovation Services

Human Research Ethics Committee

CONSENT FORM

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: humanethics@unisa.edu.au

SECTION 1: CONTACT AND PROJECT DETAILS

Researcher's Full Name:	Mr Dimitrios Saredakis
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Protocol Number:	201474
Project Title:	Reminiscence therapy and quality of life

SECTION 2: CERTIFICATION

Participant Certification

In signing this form, I confirm that:

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that if I want my data to be excluded from the study I should notify the researcher any time during the study or up to 2 weeks after I complete my participation in the study.
- I understand that all data collected in this study will be stored for a minimum of five years. Records containing personal information (i.e. consent forms) will be securely stored and remain confidential, unless required by law.
- I understand that non-identifiable data may be stored on the UniSA repository in electronic form.
- I agree that research data gathered for the study may be shared with other researchers provided my name or other identifying information is not used.
- I agree to a request for my health records to be accessed.
- I understand that the data might be used for future research projects and that these projects might not be related to the purpose of the current study.
- I understand that all records containing personal information will remain confidential and no information which could lead to identification of any individual will be released, unless required by law.

<i>Participant Signature</i>	<i>Printed Name</i>	<i>Date</i>

Researcher Certification

I have explained the study to subject and consider that he/she understands what is involved.

<i>Researcher Signature</i>	<i>Printed Name</i>	<i>Date</i>