Information for Participants and Consent Form – Large Scale Assessment

We need your approval to use for our research the information that your clinician provides about you to National Acoustic Laboratories (NAL), or that you provide directly to NAL.

**Background information**
NAL is studying how the benefits of hearing aids can be predicted from information about clients and information about hearing aids. The results will be useful to clinicians and clients in the future.

**What is involved?**
During your hearing assessment, you will be asked some questions. If you proceed with getting hearing aid(s), you will receive a questionnaire in three months’ time, for you to post back to NAL.

**Privacy of information**
Your privacy will be completely protected. NAL will not reveal to your clinician any of the answers you give in the questionnaire you return to NAL.

**Your rights**
You are free to decide whether you will participate, and to withdraw at any time. Refusal to participate or withdrawal will not affect the services from your hearing services provider.

**Contact details of researcher**
If you have any concerns about this project at any stage, please contact Professor Harvey Dillon, Project Leader, on 9412 6828 or via email at Harvey.Dillon@nal.gov.au.

**Complaint mechanism**
The ethical aspects of this research have been approved by the NAL Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of this research, you may contact the Committee through the Secretary, Tim Gainsford, on 9412 6862 or via email at tim.gainsford@nal.gov.au. Any complaints will be treated in confidence and investigated, and you will be informed of the outcome.

**Name and signature of project leader**

Harvey Dillon
Senior Research Scientist, NAL
Adjunct Professor, Macquarie University
Consent from Participant

Large Scale Assessment

Date: ________________________________

I, ____________________________________, have read and understood this Information and Consent Form. I freely choose to participate in this research and understand I can withdraw from participation at any time.

I consent to NAL using for research the information provided to NAL by my clinician and by me. I note that this information will not include my identity.

Signed: ________________________________ (Participant)