You are invited to assist us by allowing us to video-record the doctor making your medical history and identifying your medical symptoms. These are very important parts of clinical medicine because the doctor and health professionals need to have a very good understanding of the patient's medical complaints and symptoms. When a doctor or health professional does not speak your language he or she must obtain the necessary information through an interpreter. The accuracy of the information conveyed by the interpreter becomes crucial.

This study will help in the education of interpreters who work in the medical field, and in the education of medical students in learning how to use the services of interpreters.

If you decide to take part in this research you would have a normal medical consultation which would be videotaped. That is, your medical history would be taken and you would have a physical assessment. During the examination procedure you may be asked to wear an examination gown. A normal physical examination will be undertaken with due care to avoid all embarrassment. You would not be required to undress completely or expose other than the minimum required. You would not be filmed changing in and out of your clothes. We would ask you to bring a member of your family or a friend who can act as a witness for your consent to participate in the study. We would also request that you arrive at the surgery/clinic an hour before your actual appointment so that all the procedures can be explained to you thoroughly beforehand. You would meet the interpreter and the camera crew who would explain to you how the cameras would be used.

There are no specific risks associated with this study. The only minor discomfort would be the filming of your consultation with your doctor. The filming procedure requires the presence of two camera crew. 

...continued on next page
CONFIDENTIALITY: Full confidentiality of your medical consultation will be kept by the researchers, your doctor, the interpreter and the two camera crew, that is, by all people helping with the study. The videotapes will be kept confidential and used only for teaching medical students and students of interpreting who are ethically bound to maintain confidentiality. Your names and those of any other people mentioned in the interview will not appear in the transcription of the tapes.

YOUR PARTICIPATION: We would be grateful if you did participate in this study but you are free to refuse to participate. Even if you do decide to participate, you may withdraw from the research at any time. You will have the same medical treatment whether you refuse to participate or withdraw from the project and this will not affect any future treatment you may have.

RESULTS OF THE STUDY: If you wish to see the videotape at a later date, arrangements will be made for you to do so. A transcription of the tape will also be made and you are welcome to arrange a time to read it if you wish.

PERSONS TO CONTACT: If you have any questions about the project, please contact the researcher, __________________________ on ph:__________________________

If there is an emergency or if you have any concerns before commencing, during, or after the completion of the project, you are invited to contact the Executive Officer of the Charles Darwin University Human Research Ethics Committee on 08 8946 6498 or by e-mail: cdu-ethics@cdu.edu.au. The Executive Officer can pass on any concerns to appropriate officers within the University.

This information sheet is yours to keep.
INFORMATION SHEET FOR

PROJECT TITLE: …………………………………………………………………………………………………………

A research team consisting of ……………………………………………………………………………………………

and …………………………………………………………………………………………………………………………………

from ……………………………………………………………………………………………………………………………

are carrying out the project to examine ………………………………………………………………………………………

The aim of the project is to develop sets of questions which will measure:

1. ………………………………………………………………………………………………………………………………, and

2. the sorts of issues and characteristics that are most closely related to

……………………………………………………………………………………………………………………………………

We would greatly appreciate your assistance in providing information about your own experiences.

If you agree, you will contacted by an interviewer to visit you in your home or another mutually convenient place.

Your ……………………………………………… and the issues you consider to have been the most important to
your feelings of satisfaction will be discussed. The interviewer will take notes which will be taken away to be put together with all the other information we collect. (We are seeking 100 mothers to take part in the first few interviews). The information will help us to make up sets of questionnaires to use to actually measure the opinions of other …………………………………………………

The second stage of our study will be to mail, or provide for collection from a convenient spot such as the local Maternal and Child Health Centre, the questionnaires for volunteer mothers to fill in the survey. (We are seeking 750 mothers to fill in our questionnaires at this stage).

(...continued on next page)
All information collected will remain:

1. **ANONYMOUS**: Your name and address must be known to the researcher, so she can find you, but it will never be mentioned in the report of the research, and your personal details will be locked away, quite separate from the other material.

2. **CONFIDENTIAL**: You will not be able to be identified by anything that is written in the text of the research paper.

   The same care will be taken with the names or characteristics of anyone you mention in the interview.

If you would like more information before you decide, contact

............................................... *(researcher’s name)................................................................., on .......(researcher’s phone no)..........., who will be happy to answer questions. You may also use this number at any time during the project, if you need information.

If, during the course of the project, you have any concerns about the project or the researcher, you may contact the Executive Officer of the Charles Darwin University Human Research Ethics Committee, who is not connected with this project and who can pass on your concerns to appropriate officers within the University. The Executive Officer can be contacted on 08 8946 6498 or by e-mail: cdu-ethics@cdu.edu.au

If you decide to participate, please fill in the consent form which is attached to this letter, and mail it in the reply paid envelope provided. We will contact you soon, to arrange your participation. After this is signed, you may still withdraw from the study at any time, without penalty of any kind.

Whatever your decision on this matter, thank you for devoting some time to reading this statement, and considering its contents.

*This information sheet is yours to keep.*
PLAIN LANGUAGE STATEMENT
EXAMPLE C

PROJECT TITLE: ...........................................................................................................................

INFORMATION FOR PARENT/GUARDIAN

Please read this before signing the attached consent form:

This experiment is designed to examine some aspects of ..........................................................

The procedure is completely "non-intrusive" and does not pose any known psychological or physical
risks. Participating children will be asked to perform a number of actions involving the manipulation
of several different objects such as toys. The session will be conducted at ........................................

and will be approximately one hour in duration.

Prior to this experimental session, your child will be assessed on standardised tests of development,
vision and muscle strength. These will be conducted in your own home, at a mutually convenient time.
The test session will take approximately one and a half hours. Breaks will be allowed during the test
period to ensure that your child is not unduly fatigued.

Children's performances will be videotaped. Both the videotape recordings and data collected in this
study will remain confidential and will be used for research purposes only. You and your child are free
to withdraw from the project at any time.

A summary of the overall results of the study will be available to you through your preschool/early
intervention centre. No names or personal details of individual participants will be revealed in this
report.

If, during the course of this project, you have any concerns about the procedures used or the
researchers’ methods, you are invited to contact an independent officer of the University with your
concerns. Please contact the Executive Officer of the Charles Darwin University Human Research
Ethics Committee on 08 8946 6498 or by e-mail: cdu-ethics@cdu.edu.au

Further information about the study can be obtained by telephoning:

................ (name of researcher and telephone number) ..................

This information sheet is yours to keep.