Consent Form

Course: Bachelor of Midwifery

Activity: Midwifery Continuity of Care

(a) I, ........................................ (The participant) have read and understood the information provided by the Charles Darwin University about this activity, and any questions I have asked have been answered to my satisfaction.

(b) I give permission for, .......................................... who is a student of the above institution, to participate in this activity, realising that I may withdraw at any time, without prejudice to myself.

(c) I agree that any data collected from the activity may be used as advised in the information provided to me, on the condition that my name is not used, and that I cannot be identified in any other way.

Name of Participant: ........................................
Signature: .......................................................... Date:........

Name of Student: .............................................
Signature: .......................................................... Date:........

Student contact details:
Tel: ..........................................................................
Email: ....................................................................

Midwifery Course Coordinator: Tel: 08 8946 6956 or
Virginia.skinner@cdu.edu.au

If you have any concerns at any stage in this journey please ring the Midwifery Course Coordinator on the number above.