

**Cerebral Palsy Register: a preliminary study towards developing a hospital based national surveillance mechanism for Sri Lanka**

**Reg. No -**

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**Sri Lankan Cerebral Palsy Register Consent Form**

1. Have you read the information sheet? (Please keep a copy for yourself) ☐ Yes ☐ No
2. Have you had an opportunity to discuss this study and ask any questions? ☐ Yes ☐ No
3. Have you had satisfactory answers to all your questions? ☐ Yes ☐ No
4. Have you received enough information about the study? ☐ Yes ☐ No
5. Who explained the study to you? .....
6. Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your future medical care? ☐ Yes ☐ No
7. Have you had sufficient time to come to your decision? ☐ Yes ☐ No
8. I understand that an individual may not directly benefit from membership of the CP Register and that no payment will be made for joining the register. ☐ Yes ☐ No
8. Do you agree to take part in this study? ☐ Yes ☐ No

If yes, please complete the following:

I, \_\_\_\_\_ (please print name) hereby give consent to the inclusion of \_\_\_\_\_ (please print person with CP's full name) on the CP Register, being, ☐ myself the person with CP ☐ parent ☐ person responsible

**I consent to:**

The collection, recording and permanent storage of information relating to me / my child / the person, on the CP Register. ☐ Yes ☐ No

The investigators accessing my / my child's health records for this study. All personal details will be treated as **strictly confidential**. Do you give your permission for these individuals to have access to your records? ☐ Yes ☐ No

Sharing of de-identified information to the Australian Cerebral Palsy Register (ACPR) for research purposes? ☐ Yes ☐ No

Receiving invitations from time to time from CP Register staff to participate in research studies. ☐ Yes ☐ No

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Health professional/s nominated by me / my child / the person to be contacted to assist in completing and / or verifying the details on the register. ☐ Yes ☐ No

**Participant:**

Signature:..... Date: .....

Address :  
.....  
.....

Phone no: .....

**Investigator:**

I have explained the study to the above volunteer and he/ she has indicated her willingness to take part.

Name .....

Signature .....Date.....