Consent Form

Section 1: Contact and Project Details

Principal Investigator/ PhD candidate	*Ms Vivienne Leigh*
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Project Number	*AU HREC 4944*
Project Title	*Explore, understand and synthesise current practices of alarm management by nurses working in ICU.*

Section 2: 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 nature of my involvement in the project.
- I agree to maintain the confidentiality of focus group discussions and preserve the anonymity of focus group participants.
- I understand that I may not directly benefit from taking part in the project.
- I understand that I can withdraw from the project at any stage and that this will not affect my status now or in the future.
- I confirm that I am over 18 years of age.

- I understand that while information gained during the project may be published, I will not be identified and my personal results will remain confidential, unless required by law.
- I confirm that I am currently employed in the Australian healthcare service, with
    - A minimum of six months experience within a Level II or III ICU, and
    - I understand that all data will be treated as confidential and stored on a password protected network on the secure Adelaide University server that will only be accessible by the PhD candidate.
- I understand that I will be contacted by the primary researcher following the interviews with a copy of the transcript that I will be asked to verify as an accurate reflection of the discussion.

○ Please indicate by ticking this box if you would like to receive a copy of the final report or summary of the findings

Participant's Signature	*Printed Name*	*Date*

Section 3: Researcher Certification

I have explained the study to the participant and consider that they understand what is involved.

Researcher's Signature	*Printed Name*	*Date*