

I,  (please print name)

hereby give consent to the inclusion of

(person's full name)

on the CP Register, being, myself / parent / person responsible (please circle the appropriate response here and throughout this document).

I have read and understood the information sheet and had any questions answered to my satisfaction. 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. I am aware that I should retain a copy of the consent form, when completed, and the information sheet for my records.

### I consent to:

- Yes     No    The collection, recording and permanent storage of information relating to me / my child / the person, on the CP Register. This may involve consulting birth and medical records.
- Yes     No    De-identified information being transferred to the Australian Cerebral Palsy Register.
- Yes     No    Receiving invitations from time to time from CP Register staff in relation to research studies.
- Yes     No    Health professional/s nominated by me / my child / the person responsible, being contacted if needed to assist in completing and / or verifying the details on the register. Only health professionals listed on the registration form will be contacted.

Signed

Relationship to person with cerebral palsy

Date

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### Use only if discussed with a health / education professional

I, being a health / education professional certify that I have explained the project to the person / parent and / or person responsible and consider that he / she understands what is involved and has freely given his / her consent.

Signed

Date

Name

Title