







DYNAMIC THERAPY RCT

## Tricia McCabe PhD CPSP FSPAA SFHEA Professor of Speech Pathology and Chief Investigator

Susan Wakil Health Building D18 Western Avenue, The University of Sydney, Camperdown, NSW 2006 Telephone: +61 2 9351 0996

dttc.trial@sydney.edu.au

Web: https://dynamic.sydney.edu.au/

A Randomised Controlled Trial comparing Dynamic Temporal and Tactile Cueing with usual care for Childhood Apraxia of Speech

## PARTICIPANT CONSENT FORM

l,	[PRINT	NAME],	agree	to	take	part	in	this
research study.								

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part.
  My decision whether to be in the study will not affect my relationship with the researchers
  or anyone else at The University of Sydney, Curtin University, James Cook University,
  Murdoch Children's Research Institute (MCRI), South-Western Sydney Local Health District
  Speech Pathology department, Sydney Children's Hospital, Randwick, Syracuse University,
  the University of Canberra, or the University of Canterbury now or in the future.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.
- I understand that I can withdraw from the study at any time.
- I understand that if I withdraw from this study, data I have provided about the child participant will be retained and stored securely on The University of Sydney's Research Data Store (REDCap).

Dynamic Therapy for Children with Apraxia Version 3, 29/09/2021























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• I understand that if I withdraw from the study, I can request for personal information collected about me to be destroyed and excluded from the research findings.

I consent to:			
a. Being contacted for other projects			NO 🗆
b. Receiving feedback at the end of the study			NO 🗆
If you consent to participating in this study, plea	se provide your contac	t details:	
Email:			-
Phone:			_
Speech Pathologist's signature:	Researcher's signatu	ıre:	
Signature	Signature	••••••	
PRINT name	PRINT name		
Date	Date		

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