Supplementary Material – Consent Form



**CONSENT FORM**

**Dementia, Sleep & Wellbeing Study**

* I have read the Information Sheet or someone else has read it to me, and I have understood it fully.
* I am freely providing my consent to participate in this study.
* I agree to undergo a 6-week sleep program and complete all study procedures outlined in the information sheet.
* My participation is voluntary (my choice) and I am free to withdraw from the study at any time which will in no way affect continued treatment and support.
* I understand that the sessions will be group-based and agree to the following group session guidelines:
* Being respectful of time and of people, including allowing time for people to speak and share their experiences and opinions.
* Understanding that discussions within the group setting will remain confidential.
* While the responses from the research project will be published, I will not be identified whatsoever, and my personal details will be held strictly confidential by the research team.
* I have understood the potential risks of participating and know that I can contact the research team and other support services as per the Information Sheet if I would like additional support.
* I understand that if I wish to withdraw my consent, my de-identified responses may not be able to be deleted.
* If I have any questions, feedback or complaints about participation, I understand that I may contact the researchers or Monash University Human Research and Ethics Committee through the details below.
* I consent for the sessions to be recorded over Zoom.
* I provide my consent for members of the research team to attend the sleep program sessions.
* I understand that the information I provide can be used for this project and for future studies, and any new researchers will only have access to data that cannot identify me.

I *(print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* hereby agree to the above statements and consent to take part in this study.

**I am (please tick one):**

□ a care partner

□ a person living with dementia

**Your signature**: ….............................................................

**Date**: …........................................................................................

If you would like to receive a brief summary of the results when available, please select the option below:

□ I would like to receive a copy of the results

**Email address**: ….....................................................................................

**Date: …………………………………..**

**RESEARCHERS:**

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**ETHICS:**

**Monash University Human Research Ethics Committee (MUHREC)**

Email: muhrec@monash.edu

Phone number: (03) 9905 2052