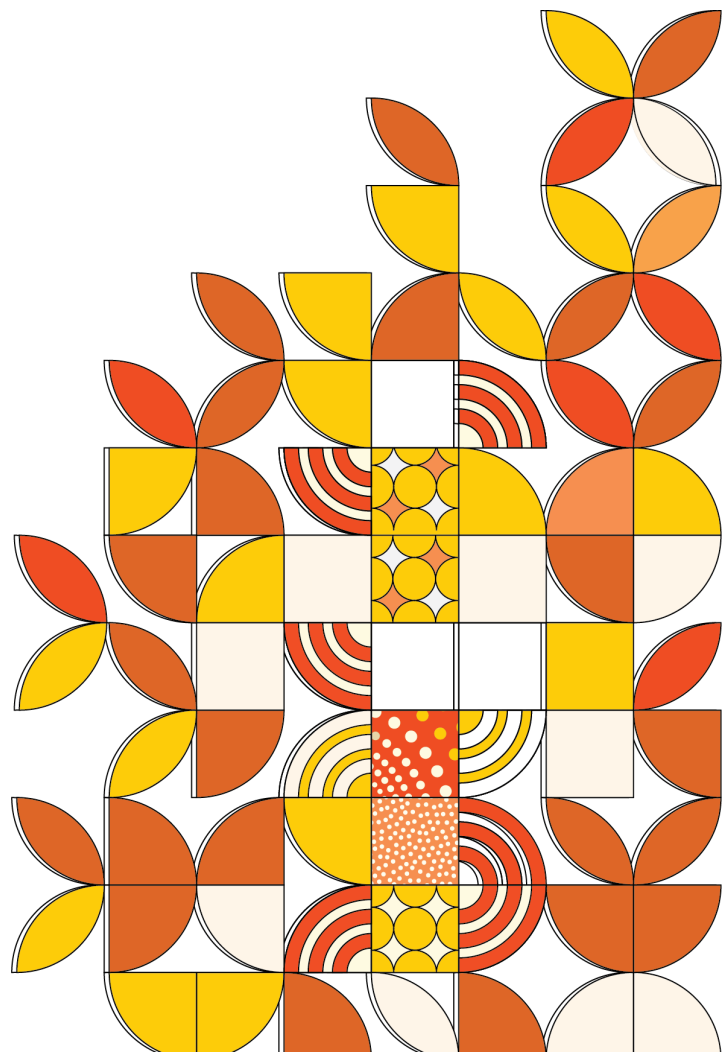


# Participant Information Sheet (PIS) and Participant Consent Form (PCF) Checklist



## IHM Participant Information Sheet (PIS) and Participant Consent Form (PCF) Checklist

*This checklist ensures that all necessary elements are included in the Participant Information Sheet and Consent Form before submission to the IHM Low-Risk Human Research Ethics Panel. A completed checklist must accompany each ethics application.*

### Project Details

Project Title:

Principal Investigator:

Co-Investigators (if applicable):

Version Number / Date:

### Section A: Participant Information Sheet (PIS)

Sl. No.	Criteria	Yes	No	If No, Provide Explanation
1	Version and date for each participant group (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
2	On IHM letterhead (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Full title of the project	<input type="checkbox"/>	<input type="checkbox"/>	
4	Lay title of the project (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Names, titles, roles, and affiliations of all investigators	<input type="checkbox"/>	<input type="checkbox"/>	
6	Plain language summary of the study purpose	<input type="checkbox"/>	<input type="checkbox"/>	
7	Clear description of what participation involves (procedures, expectations)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Duration and location of participation	<input type="checkbox"/>	<input type="checkbox"/>	
9	Risks clearly described (including psychological, physical, or cultural)	<input type="checkbox"/>	<input type="checkbox"/>	
10	Potential benefits to participants or society	<input type="checkbox"/>	<input type="checkbox"/>	
11	Support available in case of adverse events or distress	<input type="checkbox"/>	<input type="checkbox"/>	
12	Voluntary participation and right to withdraw without penalty	<input type="checkbox"/>	<input type="checkbox"/>	
13	Confidentiality and data protection assurances	<input type="checkbox"/>	<input type="checkbox"/>	
14	Whether participants will have access to study results	<input type="checkbox"/>	<input type="checkbox"/>	
15	Whether debriefing will be provided (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
16	Reimbursement or compensation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
17	Contact details for questions or concerns (research team and Ethics and Integrity Officer)	<input type="checkbox"/>	<input type="checkbox"/>	
18	IHM Research Ethics Statement included	<input type="checkbox"/>	<input type="checkbox"/>	

## IHM Ethics Statement (to be included in all PIS documents)

“This research has been reviewed and approved by the Institute of Health and Management’s Low-Risk Human Research Ethics Panel. It complies with the National Statement on Ethical Conduct in Human Research (2025). If you have concerns about this research or your rights as a participant, please contact the IHM Research Ethics and Integrity Officer at [research@ihm.edu.au](mailto:research@ihm.edu.au).”

## Section B – Participant Consent Form (PCF)

Sl. No.	Criteria	Yes	No	If No, Provide Explanation
1	Version and date for each participant group (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Full title of the project	<input type="checkbox"/>	<input type="checkbox"/>	
3	Lay title of the project (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
4	Names, titles, and affiliations of investigators	<input type="checkbox"/>	<input type="checkbox"/>	
5	Declaration of informed consent (e.g., “I have read and understood...”)	<input type="checkbox"/>	<input type="checkbox"/>	
6	Statement of voluntary participation and right to withdraw without penalty	<input type="checkbox"/>	<input type="checkbox"/>	
7	Assurance of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	
8	Space for participant’s full name, signature, and date	<input type="checkbox"/>	<input type="checkbox"/>	
9	Space for the signature of the parent/guardian (if applicable), relationship, and date	<input type="checkbox"/>	<input type="checkbox"/>	
10	Contact information for follow-up queries or concerns	<input type="checkbox"/>	<input type="checkbox"/>	