**Consent Form**

**Declaration by the participant**

* I understand I am being asked to provide consent to participate in this research study;
* I have read the Participant Information Sheet or it has been provided to me in a language that I understand;
* I provide my consent for the information collected about me to be used for the purpose of this research study only.
* I understand that if necessary I can ask questions and the research team will respond to my questions.
* I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the study and withdrawal will not affect my relationship with any of the named organisations and/or research team members;
* I would like to receive a copy of the study results via email. I have provided my details at the end of the survey and ask that they be used for this purpose only.
* I understand that I can download a copy of this consent form from <https://cphce.unsw.edu.au/research/health-care-system-integration-and-primary-health-care-development/caring-refugee-patients>

|  |
| --- |
| **I agree, start questionnaire** |