



1



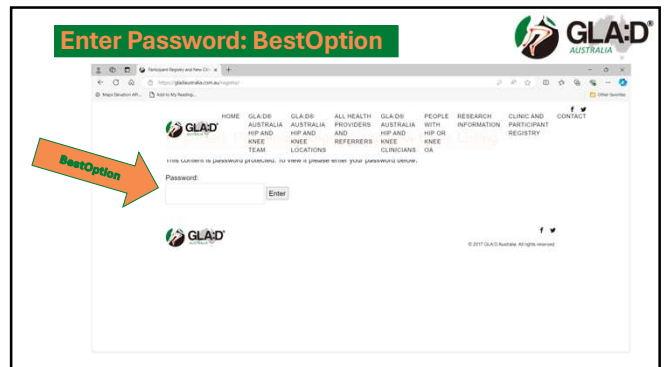
2

Go to the GLA:D Australia website, [www.gladaustralia.com.au](http://www.gladaustralia.com.au)



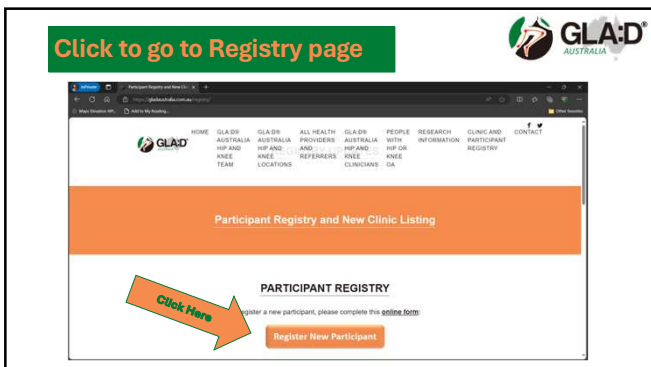
3

Click the tab labelled 'Clinic and Participant Registry'



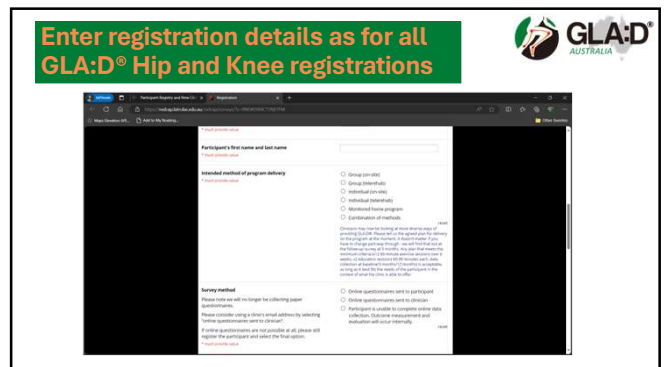
4

Use the password 'BestOption' to access the registry page



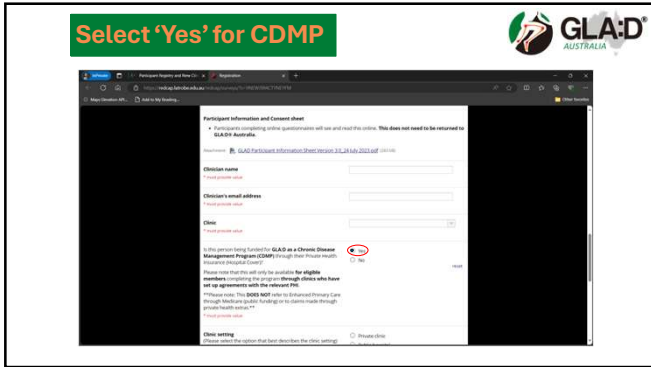
5

Click the button to 'Register New Participant'

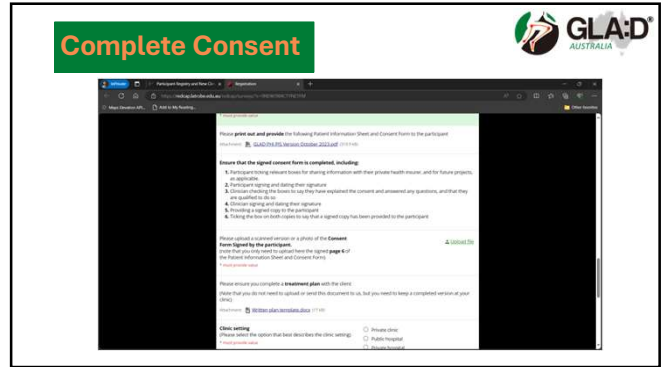


6

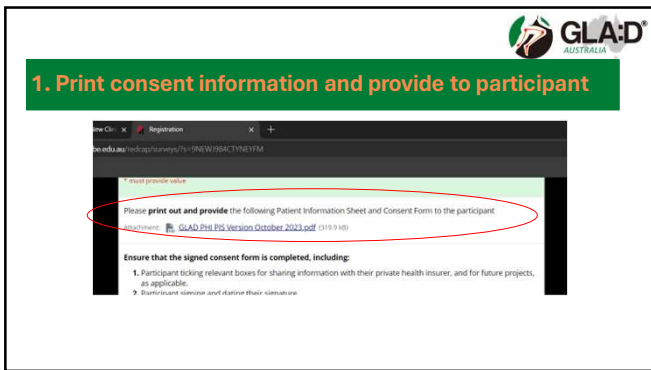
Complete the registration form, just as you would for any participant registration



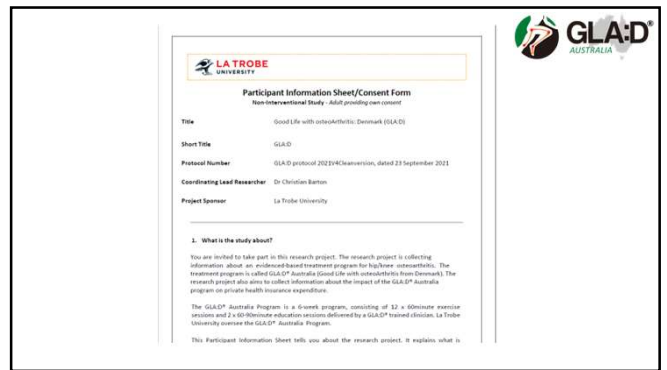
7 When you select 'yes' to the CDMF question, some further fields will open up below which will help complete the consent



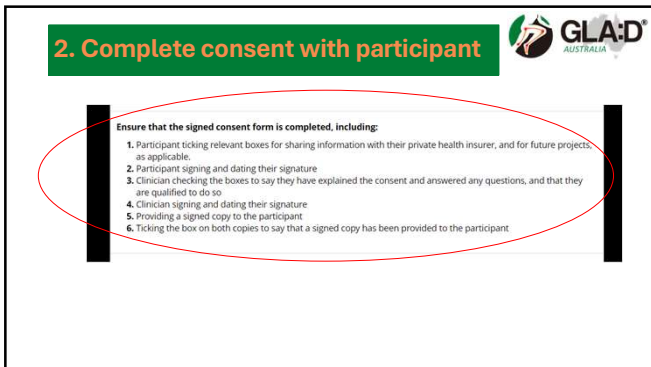
8 First, download and print the form. If you have copies already available, make sure it is the current version of the information sheet and consent form.



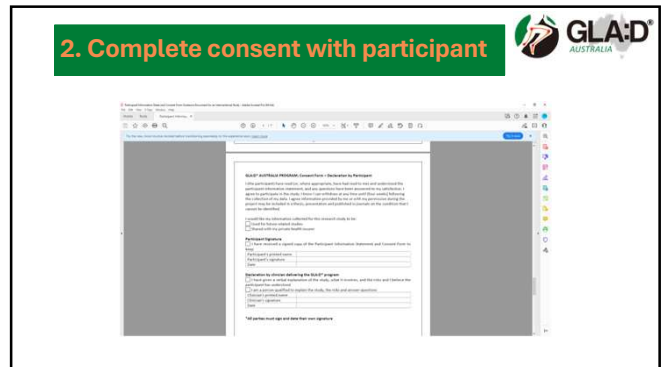
9 Give the form to the participant to read; the clinician is responsible for making sure they have read it or had it read to them, and that they understand the information.



10 This is what the front of the Participant Information Sheet and Consent Form looks like.



11 The next step is to make sure that all the relevant fields in the form are completed:



12 The signature page is page 6.

**2. Complete consent with participant - participant section**

**GLA-D AUSTRALIA PROGRAM: Consent Form - Declaration by Participant**

I (the participant) have read (or, where appropriate, have had read to me) and understood the participant information statement, and any questions have been answered to my satisfaction. I agree to participate in the study, I know I can withdraw at any time until (four weeks) following the collection of my data. I agree information provided by me or with my permission during the project may be included in a thesis, presentation and published in journals on the condition that I cannot be identified.

I would like my information collected for this research study to be:

- Used for future related studies
- Shared with my private health insurer

**Participant Signature**

I have received a signed copy of the Participant Information Statement and Consent Form to keep

Participant's printed name: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Make sure to provide a copy to the participant**

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First, the participant needs to select whether they consent to sharing their data with their insurer, and/or being used for future studies. They need to write their name, sign and date. A copy must be provided to the participant, and the relevant box for that ticked to confirm this has happened.

**2. Complete consent with participant - clinician section**

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Declaration by clinician delivering the GLA-D program**

I have given a verbal explanation of the study, what it involves, and the risks and I believe the participant has understood

I am a person qualified to explain the study, the risks and answer questions

Clinician's printed name: \_\_\_\_\_

Clinician's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*All parties must sign and date their own signature**

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Then the clinician completes their declaration - that they have explained the information to the participant, and that they are the right person to do so. They also need to write their name, sign and date.

**3. Upload signature page only**

Please upload a scanned version or a photo of the **Consent Form Signed by the participant**. (note that you only need to upload here the signed **page 6** of the Patient Information Sheet and Consent Form)

\* must provide value

[Click Here](#)

Upload file

15

Only page 6, with the signatures, needs to be uploaded. Don't forget to give a copy to the participant.

**Make sure you complete a treatment plan for your own records. A template is provided here.**

the Patient Information Sheet and Consent Form)

\* must provide value

Please ensure you complete a **treatment plan** with the client. (Note that you do not need to upload or send this document to us, but you need to keep a completed version at your clinic)

Attachment: [Written plan template.docx](#) (17 KB)

Clinic setting  Private clinic

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There is a prompt in the registration form to complete a written treatment plan as part of meeting your provider obligations, and the template is there for your to download if needed. Keep that for your own records - don't provide it to us.