

**Services Australia Parent/Guardian Withdrawal of Consent Form**

**Mothers and their Children’s Healthcare Experience Study (MatCHES)**

Version 1; Dated 3/11/2021

I wish to WITHDRAW consent to release my child’s [ full name of child ] Services Australia information to the study effective from the date below. I request that the study handles the information they have collected about my child in the following way (choose one option):

[ ]  DESTROY all information collected about my child to date so it can no longer be used for research

[ ]  RETAIN all information collected about my child to date so it can continue to be used for research

I understand that:

1. no further information about my child will be collected for the study from the withdrawal date
2. information about my child that has already been analysed and/or included in a publication by the study, may not be able to be destroyed; and
3. choosing to withdraw my child from the study will not affect my child’s access to Health Services or Government benefits.

Print your first and second/family name, signature & date

|  |
| --- |
| First name |
| Second/Family name |
| Signature |
| DD/MM/YYYY |

**This form should be forwarded by email to:** **alswh@newcastle.edu.au****. Alternatively, forms can be posted to: Women’s Health Australia, Reply Paid 70, Hunter Region MC NSW 2310.**