

The Latrobe Early Life Follow-up Study: the child health and development stream of the
Hazelwood Health Study

Participant Consent Form
The Latrobe Early Life Follow-Up (ELF) Study

If you wish you can consent to selected parts of the study only (see signing page).

I understand that agreeing to take part in the whole ELF study means that I agree to:

1. Complete a survey about my child's age, gender, medical history, whereabouts during the fire; and the medical history of his/her parents, their employment status, education level, smoking, home heating and cooking.
2. Provide a vacuum sample from my house and a soil sample from my yard.
3. Complete a brief monthly update about the health of my child.
4. Researchers accessing my child's birth, health and education data from the following databases or organisations for the period 1/3/2012 to 31/12/2029:
 - The Victorian Perinatal Data Collection Unit, Victorian Emergency Minimum Database, Victorian Admitted Episodes Database, Medicare and Pharmaceutical Benefits Schedule (PBS) datasets, Latrobe Regional Hospital Outpatient Clinics, Australian Early Development Census databases, and other birth, health and education datasets.
5. The Victorian Curriculum and Assessment Authority releasing my child's National Assessment Program – Literacy and Numeracy (NAPLAN) results when they are in Years 3, 5, 7 and 9 for the purposes of this study.
6. My child taking part in simple lung and blood vessel function tests.
7. Information collected about my family, including our contact details, being securely stored so that I can be contacted about participating in future follow-up studies.

By signing this form, I acknowledge that:

- I have received, read and understood the Information Sheet provided that explains this study to me and what is required of me if I choose to participate in the Latrobe ELF Study.
- My participation is voluntary and I can choose not to participate in part or all of the study.
- I can withdraw my child at any stage of the project without being disadvantaged in any way.
- No identifying information I have provided will be disclosed in any reports on the project, or to any other party without my consent. Data will be kept in secure storage and accessible only to the research team.
- Information I provide in this study may be shared with other studies involved in the Hazelwood Mine Fire Health Study research program.
- I might be contacted in the future about further follow-up studies. I understand that there will be no obligation for my child to participate.
- Any changes to this form must be initialled by the signatory. Incomplete forms may result in the study not being provided with your child's Medicare and PBS information.
- Completing this form permits the release of personal Medicare claims information and/or PBS claims information to the Latrobe ELF Study.

This study is being conducted in cooperation with;

CHILD'S DETAILS

First given name: _____ Other given name (s): _____

Family name: _____

Previous name (if any): _____

Date of Birth: (DD) / (MM) / (YYYY)

Gender: Male Female

Permanent address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit No.	Street No.	Street Name	Street Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Postcode	State	

Postal address (if different from above):

Email address: _____

Home phone: ()

Mobile:

Parent/Guardian's first given name: _____

Parent/Guardian's family name: _____

Relationship to child (please tick box):

- Parent (where the participant is under the age of 14 years old*)
 Legal guardian** (where the participant is under the age of 14 years old*)
 Power of attorney**
 Guardianship order **

* Once a young person has turned 14 years old they must consent to their own information being released. ** Please attach supporting evidence

Signing Page

To consent to participate in **the entire Latrobe ELF study**, please tick here, fill in your child's Medicare number, and sign at the bottom of the page

Your child's Medicare number:

Child's individual number:

You do not need to fill in any of the boxes below

OR

To consent to participate in selected **parts of the Latrobe ELF study**, please tick the boxes for the parts of the study you agree to:

1. Completion of the ELF survey.
2. Linkage of my child's details to health and education-related databases and hospital and emergency information.
3. Linkage of my child's Medicare AND PBS information

If yes, my child's Medicare number is:

Child's individual number:

4. The Victorian Curriculum and Assessment Authority releasing my child's results from the National Assessment Program – Literacy and Numeracy (NAPLAN) when they are in Years 3, 5, 7 and 9 for the purposes of this study.
5. Providing a vacuum sample from my house and a soil sample from my yard.
6. Providing monthly updates about the health of my child.
7. My child taking part in simple lung and blood vessel function tests.
8. Storage of information for future follow-up.

Please sign at the bottom of this page

OR

None of the above: *I do not consent for my child to participate in any part of the Latrobe ELF Study.* (Now please sign below)

Parent/Guardian's Signature _____ Date ___/___/___

Medicare card number

Individual's
reference number



The following is provided by the Department of Human Services and gives an example of what is collected by Medicare and the PBS.

This is for your information only.

APP 5 - DEPARTMENT OF HUMAN SERVICES PRIVACY NOTICE

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services. The collection of your personal information by the department is necessary for administering requests for statistical and other data.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

A sample of the information that may be included in your Medicare claims history:

Date of service	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	00023	Level B consultation	\$38.30	\$34.30	\$34.30	\$4.00	Cash
22/06/09	11700	ECG	\$29.50	\$29.50	\$29.50		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Date of referral	Rendering Provider postcode	Ordering Provider postcode	Hospital indicator	Item category
	999999A		2300		N	1
999999A	999999A	20/04/09	2300	2302	N	2

* Scrambled Provider number refers to a unique scrambled provider number identifying the doctor who provided/referred the service. Generally, each individual provider number will be scrambled and the identity of that provider will not be disclosed.

A sample of the information that may be included in your PBS claims history:

Date of supply	Date prescribed	PBS item code	Item description	Patient category	Patient contribution (this includes under copayment amounts**)	Net Benefit (this includes under copayment amounts**)	Scrambled Prescriber number*	Pharmacy postcode
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	\$25.55	9999999	2560
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	\$30.85		9999999	2530

Form Category	ATC Code	ATC Name
Original	N05 B A 04	Oxazepam
Repeat	N05 B A 01	Diazepam

* Scrambled Prescriber number refers to a unique scrambled prescriber number identifying the doctor who prescribed the prescription. Generally, each individual prescriber number will be scrambled and the identity of that prescriber will not be disclosed.

** Under co-payments can now be provided for data after 1 June 2012