

**Parkinson's ACT
RESEARCH PARTICIPATION REQUEST**

PROJECT DETAILS
<i>Names, positions, contact details of Researchers:</i>
<i>Project funding (source and amount):</i>
<i>Ethics committee approval:</i>
<i>Goal, description and methodology:</i>
<i>Project timeframe:</i>
<i>Participant recruitment strategy:</i>
<i>Use of data and findings:</i>
<i>Feedback on findings to PACT and Participants:</i>
PARTICIPANT INVOLVEMENT
<i>Where and when will testing occur:</i>
<i>What type of information will be collected:</i>
<i>Will a partner or other person need to accompany the Participant to on-site visits:</i>
<i>Will Participant expenses be covered:</i>
<i>How often will the Participant need to meet the study team and how long will the visits last:</i>
<i>How long will the study last:</i>
<i>Participant support during study:</i>
<i>What happens if the Participant no longer wishes to participate:</i>
<i>What are the potential benefits and risks to the Parkinson's community:</i>
<i>Informed consent:</i>
<i>Confidentiality and privacy:</i>
<i>Data storage:</i>
PROJECT SUMMARY (300 word limit)
<i>Do you give consent for the project summary information to be published in the Parkinson's ACT Newsletter and website? YES NO</i>