CONSENT FORM

Title: Couple relationship education program evaluation (Couple Study)
Investigators: Prof. Kim Halford, Dr. Ruth Bouma, Prof. Keithia Wilson, Prof. Jeffry Larson, Prof. Thomas Holman, Prof. Dean Busby
Institutions: The University of Queensland, Griffith University and Brigham Young University

Summary: This research evaluates the RELATE-Couple CARE relationship assessment and education system. You and your partner will complete the program together. You will undertake assessments before and after completing one of three types of relationship education programs, and again 6, 12, and 18 months later.

We have discussed the project with a project staff member, and understand that participation in this project is voluntary. We also understand that if we agree to participate that:

1. We will either receive a couple relationship education book, or complete one of the following two programs: RELATE, or RELATE with Couple CARE.
2. We will be assigned to receive one of the three programs by chance (random assignment).
3. Before and after completing the program we will complete assessments involving individual telephone interviews, completing questionnaires, and making a recording of a discussion between us. We can complete all the assessments from home.
4. Our phone conversations with therapists will be recorded, so that research staff can ensure that the relationship education being provided is of the highest quality. These recordings may also be used to train future relationship education therapists. The recordings are not used for any other purpose.
5. The information obtained will only be used for research purposes. All information will remain completely confidential and all materials relating to us will be kept under lock and key in a designated room in the UQ School of Psychology building. No information will be provided to anyone outside the research team without our written consent.
6. At the end of the study we can receive a summary copy of the key findings obtained from the overall evaluation of the program.
7. We may withdraw from participation in the study at any time and do not have to explain why.
8. We understand that our involvement in the program will not result in any charges or fees being incurred.

We have read the information sheet and the consent form. We agree to participate in the Couple relationship education program evaluation (Couple Study) and give our consent freely. We understand that the project will be carried out as described in the information statement, a copy of which we have retained. We have had all questions answered to our satisfaction.

Participants

Names: __________________________________________
(please print)
Signatures: __________________________________________
Date: _______ / _______ / _______

Investigator

Name: ____________________________
Signature: ____________________________
(please print)
Date: _______ / _______ / _______