You are invited to have your details registered on The Voices Research Participant Registry. Please read this information carefully. Before deciding whether or not to register your details, you might want to talk about it with a relative, friend or healthcare worker.

Research tells us that each year at least 4% of the population hear voices, sounds or auditory sensations that other people cannot.

The Monash Alfred Psychiatry Research Centre (MAPrc) conducts a range of research projects on hearing voices. These often require the participation of:

- people who hear voices
- relatives of people who hear voices
- people who have received a psychiatric diagnosis but don’t hear voices
- other people willing to participate as control participants.

To aid researchers in accessing willing participant contact details, a centralised participant registry has been developed which contains the contact details of all individuals who are willing to be contacted about research projects on hearing voices. The registry contains names and contact details, together with some basic information that will help us identify who is suitable for projects such as whether you have heard voices or received a mental illness diagnosis, whether you have ever suffered a head injury, handedness, family history of psychiatric illness and whether English is your first language.

If you do decide to record your personal details on the registry, authorised researchers may contact you in future when recruiting for studies on hearing voices to inform you about studies and ask you whether you would be interested in participating. Should you be contacted about a particular project, you would be provided with full project details to make an informed decision about whether to take part. You will in no way be obliged to participate in any project if you did not wish to.

Any research projects you are contacted about will first have been approved by an independent ethics committee.

Only authorised researchers at MAPrc and their collaborators will have access to your personal details contained in the registry. All researchers wishing to access the database will need to apply for, and be granted permission prior to being able to access your personal details. Your details will remain on the password-protected registry for a period of five years after which time you will be contacted and asked whether you would like your details to remain or be deleted from the registry. Your details can be removed from the registry at any time upon your request.

If you want any further information concerning the registry you can contact the principal researcher, Dr Neil Thomas, on (03) 9214 8742 or Professor Susan Rossell on (03) 9214 8173. Please keep this information sheet for your reference.

The Voices Clinic
Monash Alfred Psychiatry Research Centre (MAPrc)

Level 4, 607 St Kilda Road, Melbourne 3004, Australia
Telephone: (03) 9076 6564
www.voicesclinic.com.au
Voices Research Participant Registry Consent Form

I (please print name clearly)…………………………………………………………………………………………………………………………………………………………… have read the above information and I understand the general purposes and methods of the Voices Research Participant Registry. I understand that I can request the withdrawal of my personal and health information from this registry at any time.

I give permission for the following details to be recorded on the Voices Research Participant Registry. I understand that these details are confidential and will be used only to contact me with regard to future participation in research studies related to hearing voices.

Date of birth: ........................................................... ☐ Male ☐ Female
Address: ................................................................................................................................. Postcode: .........
Phone: .......................................................... Mobile: ...........................................................
Email: ………………………………………………………………………………………………………..

Have you ever heard voices that other people cannot hear? ☐ Yes, including in the last month ☐ Yes, but not in the last month ☐ No

Have you ever received a psychiatric/mental health diagnosis? ☐ Yes: please state most recent diagnosis (if known): ..................................................
☐ No

Have any of your immediate biological relatives (parent, brother/sister or child): Experienced hearing voices ☐ Yes ☐ No
Received a diagnosis of schizophrenia or schizoaffective disorder ☐ Yes ☐ No
Received another psychiatric/mental health diagnosis ☐ Yes ☐ No
(please state if known): ……………………………………………………………………………

I would consider taking part in research involving:
Interviews, questionnaires and/or focus groups ☐ Yes ☐ No
Receiving a psychological/talking therapy ☐ Yes ☐ No
Paper-and-pencil or computer tasks examining cognition (e.g. memory, attention, perception) ☐ Yes ☐ No
Brain imaging ☐ Yes ☐ No

Would you also like to be invited to take part in other research projects? ☐ Yes, I am willing to be contacted for other projects conducted by our team ☐ No, I am only interested in projects directly related to hearing voices or hallucinations

Is English your first language? ☐ Yes ☐ No, but fluent in English ☐ No, not fluent in English

Have you ever sustained any type of head injury? ☐ Yes: Please provide details: ……………………………………………………………………………
☐ No

Are you right- or left-handed? ☐ Right-handed ☐ Left-handed

Signed: .......................................................... Date: ......................