

ONLINE PARTICIPANT INFORMATION STATEMENT
 Bupa Health Insurance Policy Holders
 Health Insight Pilot Study
 Professor Emily Banks

Form for Withdrawal of Participation

I wish to **WITHDRAW** my consent to participate in the research proposal described above. I understand that my withdrawal **WILL NOT** affect my relationship with the Sax Institute, Bupa or the Bupa Health Foundation. In withdrawing my consent, I would like to withdraw any information that I have provided for the purpose of this research study.

Digital Signature All fields required

Name of Participant <small>Please type</small>																	
Study ID <small>See invitation email</small>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																
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Please submit your signed form to Chief Investigator Professor Emily Banks:

By email:
healthinsightstudy@saxinstitute.org.au

By post:
 The Health Insight Pilot Study
 GPO Box 5289
 Sydney NSW 2001

Or telephone the Study team on 1300 16 34 26