

## **Consent Form – ABC Sleep Pilot Study**

**I consent to take part in the ABC Sleep Pilot Study.**

I freely agree to participate in the ABC Sleep Pilot Study according to the conditions in the Participant Information.

I have read, or have had read to me, and understand the Participant Information and Cancer Council's Privacy Policy.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I have been provided a copy of the Participant Information document and Consent Agreement.

I understand that the study team will not reveal my identity and personal details in any information about the ABC Sleep Pilot Study that is published or presented in any medium.

I understand that I can withdraw my consent to take part in the ABC Sleep Pilot Study at any time.

I give consent for my de-identified information to be provided to researchers for use in other projects consistent with the aims of the ABC Study.

I understand that by installing the Health Mate App on my mobile phone I am accepting the terms and conditions as well as the privacy policy of the Withings company.

I understand that my sleep data collected via the Health Mate app will be obtained from Withings by the ABC Sleep Pilot Study.

I understand I will not receive any direct benefit from taking part in the ABC Sleep Pilot Study.