

The Victorian Infant Collaborative Study

Thank you for allowing your child to participate in a research study at the Royal Women's Hospital. We would like to keep in touch with you over the next few years so that we can let you know of any important findings from our research.

If you move or change your contact details could you please complete this form and return it to us in the REPLY PAID envelope so that we can contact you in the future.

Phone: 03 9344 2089

Our Email address: vics.infantstudy@rwh.org.au

Our web address is www.vics-infantstudy.org.au

Today's Date _____ Study Name: _____ Study Number

Child's Family Name _____ First Name _____ Middle Name _____

Mother's Details

Surname _____ First Name _____ Middle Name _____

Address _____

Suburb/Town _____

State _____ Postcode _____ Email Address _____

Telephone Numbers

Home _____ Work _____ Mobile _____

Father's Details

Surname _____ First Name _____ Middle Name _____

Address _____

Suburb/Town _____

State _____ Postcode _____ Email Address _____

Telephone Numbers

Home _____ Work _____ Mobile _____

****Alternative contact person who is not likely to move over the next few years.(eg:Grandparent or close family member)

Name _____ Relationship to your child _____

Address _____

Suburb/Town _____

State _____ Post code _____ Email Address _____

Telephone Numbers

Home _____ Work _____ Mobile _____

****2nd contact person who is not likely to move over the next few years.(eg:Grandparent or close family member)

Name _____ Relationship to your child _____

Address _____

Suburb/Town _____

State _____ Post code _____ Email Address _____

Telephone Numbers

Home _____ Work _____ Mobile _____