**Information for Research Participants**

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| Date: |  |

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| Project Title: |  |

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| To: |  |

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| Researcher(s): |  |

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| Affiliation: |  |

Description of the research:

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What will participating in the research involve?:

*Provide information on factors such as where the research will take place, how much time will be involved, what activity(s) will your subjects be performing, what things you intend to measure, and whether or not audio or video tape records will be made. Delete this highlighted section prior to printing.*

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What are the benefits and possible risks to you in participating in this research?

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Your rights:

*Delete any of the statements below which do not apply to your participants. Also delete this highlighted area prior to printing.*

* You do not have to participate in this research if you do not wish to.
* If you are a student at EIT and decide to take part, you can withdraw from the research at any time and this will not affect treatment or assessment in any courses at EIT.
* If you are a patient or under the care of students or staff from EIT, you can withdraw from the research at any time and this will not affect your treatment or assessment in any way.
* Once you have completed the research you have a *<<specify an appropriate length of time>>* period within which you can withdraw any information collected from you.
* You are welcome to have a support person present (this may be a member of your family/whanau or other person of your choice)
* You may request a summary of the completed research

Confidentiality:

*Provide information on how you will maintain confidentiality and implement anonymity procedures. Include a statement which says “Identifiable information about you will not be made available to any other people without your written consent”. Also include a statement outlining where the data will be securely stored and for how long.*

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If you wish to participate in this research, or if you wish to know more about it, please contact

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| Contact Person: |  |
| EIT School/Section: |  |
| Work phone # |  |  | Email address |  |
| Mobile phone # |  |  |  |  |

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| Supervisor Name(s):(if applicable) |  |
| Work phone # |  |  | Email address |  |

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| Head of School/Manager: |  |
| Work phone # |  |  | Email address |  |

For any queries regarding ethical concerns, please contact:

 Chair, Research Approvals Committee, EIT. Ph. 974 8000

*This study has been approved by the <<ethics committee>> on <<date>>, Reference # << >>.*