



REAC Research Participant Consent – Form AG210-14

**Whakapapa**

Project Title: \_\_\_\_\_

**Mana**

Researcher(s): \_\_\_\_\_

Advisor(s): \_\_\_\_\_

**Tika**

I have read and I understand the Information for Research Participants sheet dated----/----/-----for volunteers taking part in this study. I have had the opportunity to discuss this study and am satisfied with the answers I have been given.

I understand I am able to withdraw all of my information until <<insert date>>

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the testing at any time and this will in no way affect my *future health care / continuing health care / academic progress/ employment (delete those phrases which are not appropriate as well as this bolded section)*.

I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.

I agree to allow my data to be used in future research projects providing anonymity and confidentiality are maintained.

I have had time to consider whether to take part, and know who to contact if I have any questions about the study.

I agree to take part in this research

	Yes	No
I consent to my interview/activity being videotaped/audiotaped		
I wish to receive a summary of the results		

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Research Participant’s Support Person (if applicable) \_\_\_\_\_

Witness: \_\_\_\_\_

I/We as researcher(s) undertake to maintain the confidentiality of information gathered during the course of this research.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

<b>Document information – Office use only</b>	
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