

**Te Whakawhanake Whakautu Ara Rua mō te Riri ā-Whare me te Taitōkai
ki te Wāhine Whaikaha**

Developing a Twin Track Response to Family and Sexual Violence
Against Wāhine Whaikaha, D/deaf and Disabled Women Project

He Puka Whakaaetaka

Disabled Women Strand - Participant Consent Form

If you want to take part in this research please read this form or have someone read it to you.

It tells you what your rights are as a research participant.

If you sign the form you are saying you want to take part.

I have read (or had read to me) the information about this research.

In giving my informed consent:

- 1) I understand the information I have been given.
- 2) I have had enough time to decide whether or not to take part in this research.
- 3) If I wanted to, I have been able to have a friend, family/whānau/aiga member or support person with me when I learned about this research.
- 4) I am satisfied with the answers I have been given about the research and I have a copy of this consent form and information sheet.
- 5) I understand that taking part is my choice and that I don't have to take part if I don't want to.

- 6) I understand that I can stop taking part at any time and I won't be affected in any way.
- 7) I understand that if I withdraw from the research, it is my choice whether the researcher uses the information I have told them up until that time.
- 8) I consent to the research team collecting and processing the information I share with them.
- 9) I must only speak on my own behalf, and not on the behalf of others.
- 10) I understand that what is discussed within the interviews is private and must not be shared with anyone else.
- 11) I know that my participation is confidential and that no information that could identify me personally will be used in any reports of this research.
- 12) The research team will not talk to any other person about what I tell them, unless I, or someone else, is in danger.
- 13) I understand that the research team will talk to me first if they are concerned about my health or safety.
- 14) I consent to the interviews I participate in being recorded.
- 15) I understand I will get a copy of the final Project Report summary at the end of the research in my preferred format (please select one)
 - English (PDF)
 - Plain text (Word Doc)
 - Large Print
 - Te Reo Māori
 - New Zealand Sign Language
 - Easy Read
 - Braille
 - Audio
- 16) I know who to contact if I have any questions about the research.
- 17) I understand my responsibilities as a research participant.



I give my consent to take part in this research:

(circle choice) Yes No

Participant's name:

Signed:

Date:

Declaration by member of research team:

I have given an explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the research and has given informed consent to participate.

Research name/s:

Signed:

Date