



DONALD BEASLEY
INSTITUTE



Research project: **Tell me about you**



Consent Form

May 2021

Filling out the consent form

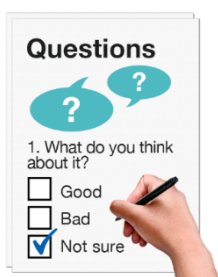


This is an Easy Read Consent Form for the **Tell me about you** research being done by the Donald Beasley Institute.



A **consent form** is where you say you:

- understand information about the research
- agree to be part of the research.



We will ask you some questions in the next few pages.

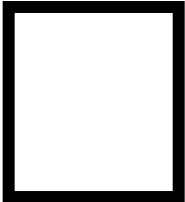


You can ask someone to support you in completing this form.

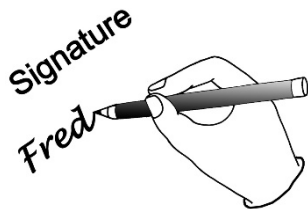
Consent Form



Please tick the boxes to show you agree with what the words next to them say.



If you do not agree with what the words next to the boxes say you need to leave the box blank.



You need to sign your name on the line at the end of the form to give consent.



Please tick ✓ **1** answer for this question:

☐

I have read the information about the research.

☐

I have had the information about the research read to me.



Please tick ✓ the boxes if you agree with what is written next to them:

☐

I know what the information I have been given means.

☐

I have had enough time to decide if I want to take part in the research.

☐

I have been able to have a person I trust with me when I learned about the research.

☐

I am happy with the information I have been given about the research.



Please tick ✓ the boxes if you agree with what is written next to them:

☐

I have a copy of the Information Booklet.

☐

I understand that taking part in this research is my choice.

☐

I understand that I may choose to stop being a part of the research at any time.

☐

If I decide not to be part of the research anymore it is my choice if my writing partner uses what I have already told them.



Please tick ✓ the boxes if you agree with what is written next to them:

☐

I understand that information about me will not be told to anyone else.

☐

I understand the research team will not talk to anyone else about what I have told them unless:



- I am in danger
- someone else is in danger.

☐

I understand that the research team will talk to me first if they are worried about me.



Please tick ✓ the boxes if you agree with what is written next to them:

☐

I know that when my writing partner writes about me I can choose to:

- change my name so that no one else will know it is me
- use my own name.

☐

I know that if I choose to use my own name in my story my writing partner will talk to me about:

- the good things about my choice
- the bad things about my choice.





Please tick ✓ the boxes if you agree with what is written next to them:

☐

I know that the researchers will not share my story until I have signed a form saying I am happy for other people to read or listen to it.

☐

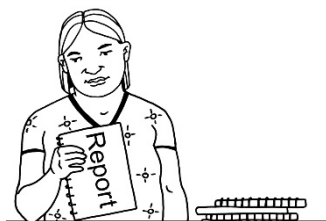
I know who to contact if I have any questions about the research.

☐

I understand what I need to do if I am part of the research.



Please tick ✓ the boxes if you agree with what is written next to them:



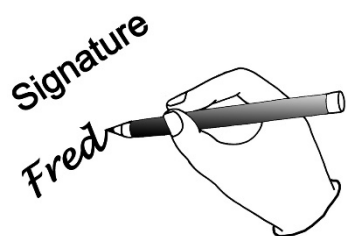
I want a copy of what is found out during the research when it is finished.

☐

Yes

☐

No



By signing this you agree to be part of the research.



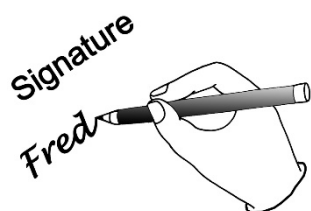
I give my consent to take part in this research.



Your name:

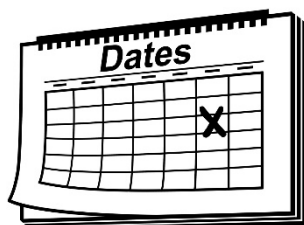
.....

.....



Your signature:

.....



Date you signed this form:

.....

This part needs to be filled in by a member of the Donald Beasley Institute **research team**.

☐

I have talked to the person who wants to take part about the research project.

☐

I have answered their questions about the research project.

☐

I believe that they understand the research.

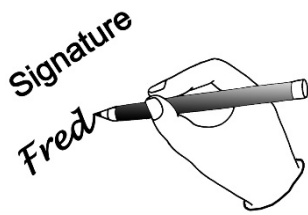
☐

I believe they have given informed consent to be part of the research.

Name of researcher:

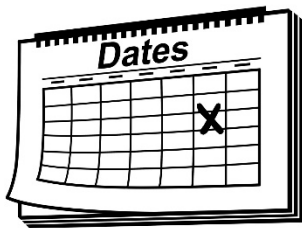
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Signature of researcher:

.....



Date signed:

.....

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