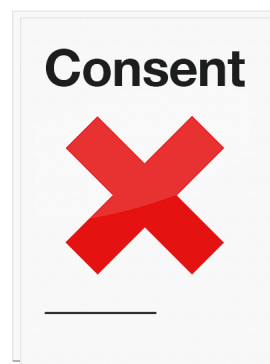




DONALD BEASLEY
INSTITUTE

My Experiences, My Rights:

Health and Wellbeing



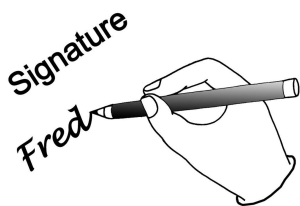
Consent Form



If you want to take part in this study, 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 the study.



1. I understand the information I have been given.



2. I have had enough time to decide whether or not to take part in the study.



3. I have been able to have a friend, family/ whānau member or support person with me when I learned about the study.



4. I have been able to ask questions and I have had all my questions answered.

I have a copy of this consent form and the information sheet.



5. I understand that taking part is my choice.



I know I don't have to take part if I don't want to.



6. I understand I can stop taking part at any time and I won't be affected in any way.



7. It is ok for the Research Team to use the information I share with them.



8. I must only talk about my own experiences, and not the experiences of others.



9. I understand that my taking part is private, and that I won't talk about what other people have said.



10. When the researchers write about me they will change my name so that no one else will know it is me.



11. The research team will not talk to any other person unless I am in danger or someone else is in danger.



12. I understand that the research team will talk to me first if they are worried about my health or safety.



They might ask for advice from a qualified professional.



13. I understand that the interview will be audio or video recorded.



14. I will get a final report at the end of the study.



15. I know I can contact Umi, Robbie or Brigit at the Donald Beasley institute 0800 878 839 if I have any questions.

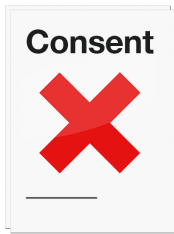


16. I know what it means to be a research participant.

I give my consent to take part in this study: (circle choice)



Yes



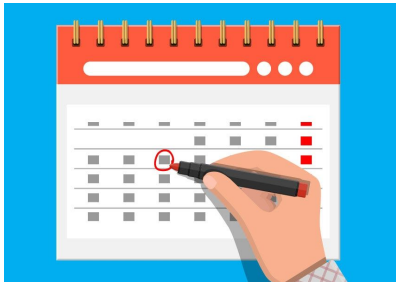
No



Participant's Name

Signed





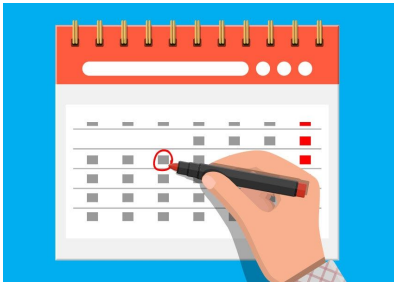
Date _____



Researcher's name

Signed





Date _____