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| **Consent Form** | *Patient sticker*  |

*Please state if you require an interpreter*

**Please tick to indicate you agree to the following**

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| --- | --- | --- |
| I have read, or have had read to me, and I understand the Participant Information Sheet.  | Yes 🞏 | No 🞏 |
| I have had the opportunity to use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study. | Yes 🞏 | No 🞏 |
| I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet. | Yes 🞏 | No 🞏 |
| I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care. | Yes 🞏 | No 🞏 |
| I consent to the research staff collecting and processing my information, including information about my health. | Yes 🞏 | No 🞏 |
| I understand that my participation in this study is confidential and that no material which could identify me personally will be used in any reports on this study. | Yes 🞏 | No 🞏 |
| I know who to contact if I have any questions about the study.  | Yes 🞏 | No 🞏 |
| I understand my responsibilities as a study participant. | Yes 🞏 | No 🞏 |
| I wish to receive a summary of the results from the study. | Yes 🞏 | No 🞏 |

**Declaration by participant:**

I hereby consent to take part in this study.

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| Participant’s name: |
| Signature: | Date: |

**Declaration by member of research team:**

I have given a verbal explanation of the research project to the participant, and have answered the participant’s questions.

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

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| Name: |
| Signature: | Date: |