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**CONSENT FORM**

**THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS**

**Project Title: Hearing and cognitive outcomes using a cognitively focused hearing aid fitting strategy compared to current practice.**

**Investigators:**

Associate Professor Grant Searchfield (The University of Auckland)

Professor Megan McAuliffe (University of Canterbury)

Professor Ngaire Kerse (The University of Auckland)

Ms Ying Huang (The University of Auckland)

Dr Elana Curtis (The University of Auckland)

Dr Hinemoa Elder (Te Whare Wānanga o Awanuiārangi)

Mr Eric Williams (University of Canterbury)

Ms Christine Fok (The University of Auckland)

Dr Tin Aung Kyaw (The University of Auckland)

I have read the Participant Information Sheet and have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions of the investigators and have had them answered to my satisfaction.

* I agree to take part in this study.
* I understand that the nature of the participation is voluntary.
* I understand that participation in this study will require an audiological assessment. I am aware that if any changes to my hearing is found, support and appropriate referrals will be available from an experienced audiologist if needed.
* I understand that in the event of an incidental finding, support and appropriate referrals will be available from an experienced audiologist.
* I understand that participation in this study will involve insertion of a small, soft probe microphone into my ear canals. I am aware there is a small risk of discomfort however this is likely to be of brief duration.
* I understand that the information collected will be kept confidential and no material that could identify me will be used in any reports or publications relating to this study.
* I understand that I am free to withdraw participation at any time without providing a reason and to withdraw any data traceable to me up to 31 May 2021.
* I understand that non-identifiable data, questionnaires, and consent forms will be stored securely for 6 years, after which they will be destroyed.
* I have had time to consider whether I wish to take part, and I know whom to contact if I have any questions or concerns regarding this study.
* I wish / do not wish to receive a summary of the findings of this research.

I,……………………………………………………………………………………………………….. hereby consent to take part in this study. *(please print full name)*

Signature: ……………………………………………………………………………

Date: ………………………………….

Address: ……………………………………………………………………………………….

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Phone Number: ……………………………………………………………………………

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 19/07/2017 for 6 years, Reference Number 019538