

Ngā mihi nui ki a koe - Thank you!

Please answer all of the following questions so we know that you have read the information sheet and consent to being a part of the Moemoeā study.

Please tick 'yes' below to give your consent to the following statements:

1. I have read, and I understand, the information sheet for participants in the Moemoeā study.
2. I understand that taking part in this study is my choice and that I may withdraw from the study at any time without any disadvantage to myself or my whānau.
3. I understand that I (and therefore my whānau) will be randomised to one of eight groups in this study, and that neither I nor anyone from the research group is able to select which group I am randomly assigned to.
4. I understand that my whānau and I will receive the resources during or at the end of the study, and that we will also receive a \$50 supermarket voucher at study completion.
5. I understand that taking part in this study is confidential and that any material that could identify me, my pēpi or whānau will not be used, and will remain confidential both during and after the completion of the study, and in any future research that may arise from the study.
6. I understand that the raw data collected in this study will be kept in secure online storage at the University of Otago for at least five years after the completion of the study, and that only the researchers working on this study will have access to it.

- Yes
 No

In the information sheet, we mentioned that we would like to access your child's growth data from their Well Child/Tamariki Ora provider, so that we can see how they grow while they are enrolled in the study. We will only do this if you agree by ticking 'yes' in response to the following statements:

7. I consent to the researchers in the Moemoeā study accessing information from the records kept by our Well Child/Tamariki Ora provider about the growth of my pēpi while our whānau is enrolled in the study.

I understand that I will need to provide the name and birthdate of my pēpi, and/or their NHI number, or consent to our Well Child/Tamariki Ora provider sharing this information, to allow the researchers involved in the Moemoeā study to access the growth data of my pēpi.

- Yes
 No

We would like to share our results with you once the study is finished. If you would like a copy of the results at the end of the study, please click 'yes' to the following statement.

8. I wish to receive a summary of the results at the end of the Moemoeā study via email and will inform the researchers if my email address changes.

- Yes
 No

Declaration by participant:

I consent to take part in this study.

Participant's name: _____
Signature: _____