CONSENT FORM

Department of Medicine
Faculty of Medical and Health Sciences, University of Auckland
85 Park Rd, Grafton, Auckland 1023, New Zealand

This form will be held for a period of 6 years

**Project Title:** TV and perceptions of illness  
**Name of Principal Investigator:** Professor Nicola Dalbeth  
**Name of Co-investigators:** Dr Rachel Murdoch

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

- I agree to take part in this research.
- I have been given sufficient time to consider whether or not to participate in this study.
- I have had the opportunity to use a legal representative, whānau/ family support or a friend to help me ask questions and understand the study.
- 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.
- I understand that I am free to withdraw my participation at any time, and to withdraw any data traceable to me up to two weeks after the study visit.
- I consent to the research staff collecting and processing my information.
- I understand that I am participating in a research visit, which may take up to one hour.
- If I decide after the study visit to withdraw from the study, I have the right to withdraw my collected information as long as I inform the study researchers within 2 weeks.
- I understand if I decide to withdraw from the study more than 2 weeks after the study visit, the information collected may continue to be processed as part of the study.
- I understand I do not need to give a reason to withdraw from the study.
- I understand what will happen to my data after the study ends.
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.

I know who to contact if I have any questions about the study in general.

I would like to receive a copy of the study results after the completion of the study.  

Yes ☐  No ☐

Declaration by participant:

I hereby consent to take part in this study.

Participant’s name:

__________________________________________  __________________________
Signature:                                      Date:

Participant mailing address (for results of the study to be sent):

__________________________________________

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 about it.

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

Researcher’s name:

__________________________________________  __________________________
Signature:                                      Date:

Approved by the University of Auckland Human Participants Ethics Committee on 27/10/2020 for three years. Reference Number UAHPEC3277.