Digital Mental Health and Wellbeing Tools: A Qualitative Study
Exploring the Perspectives of Young Asian New Zealanders and Health Professionals Supporting Young Asian New Zealanders

CONSENT FORM FOR PARTICIPATING IN A SEMI-STRUCTURED INTERVIEW
Study 1: Young Asian New Zealanders
This form will be held for a period of six years.

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Master of Science Student</th>
<th>Head of Department</th>
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<tbody>
<tr>
<td>Dr Karolina Stasiak</td>
<td>Gloria Kim</td>
<td>Prof Trecia Wouldes</td>
</tr>
<tr>
<td>Department of Psychological Medicine</td>
<td>School of Psychology</td>
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☐ I have read or have had someone read to me the Participant Information Sheet.

☐ I have been given sufficient time to consider whether to participate in this study.

☐ I have had the opportunity to ask questions and was able to have whānau/family or a friend help me to ask questions and understand what the study and what it involves.

☐ I am satisfied with the answers given and understand the nature of the research, and why I have been asked to participate.

**During the interview:**

☐ I understand the interview will take around an hour to complete.

☐ I understand I can refuse to answer any questions.

☐ I understand I can leave at any time during the interview.
☐ I understand I have up to 14 days after the interview to withdraw what was shared.

☐ I understand 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 understand the interview may be audio recorded using a digital recorder or Zoom.

☐ Even when I agree to be recorded, I understand that I can ask for the recording to be stopped at any time without giving a reason.

☐ I understand that data will be kept for 6 years, after which it will be destroyed.

☐ I understand a brief summary will be sent to me about what was discussed in the interview and I have up to 7 days after the interview to make any changes if I would like to.


**Please check the option you agree with:**

I AGREE to be contacted about opportunities to participate in future research related to this project. ☐

I AGREE to take part in this research. ☐

I understand my participation is voluntary. ☐

I know whom to contact if I have any questions about the study. ☐

I would like to receive a summary of the study findings. ☐

I understand an audio recording of the interview is available upon request if I would like a copy. ☐

I would like to receive an audio recording of the interview. ☐

My name: _______________________________________

Signature: ___________________________ Date: ___________________________
I wish to receive a summary of findings, which can be emailed or mailed to me at this email/postal address:

Email/postal address: ____________________________

Phone number (optional): ____________________________

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 Auckland Health Research Ethics Committee on 30/08/2021 for three years. Reference number AH22660.