



CONSENT FORM

(for young men participating in the focus group)

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title:

Designing an Empathic Virtual Agent for Mental Health: A User-Centred Approach to AI-Driven Mental Wellness

Research team:

Principal Investigator/Supervisor: Prof. Mark Billingham

Co-Investigator/Supervisor: Dr Kunal Gupta

Student Researcher: Maryam Siah Doosti

I have read the Participant Information Sheet. I have been given sufficient time to consider whether or not to participate in this study and to ask questions. I was also offered the opportunity to involve whānau/family or a friend to help me understand what the study involves. I am satisfied with the answers provided and understand the nature and purpose of the research and why I have been invited to participate.

By signing this form, I agree to take part in the study under the conditions below:

- I understand that my participation is voluntary and that I can withdraw from the study at any time without giving a reason.
- I understand that the focus group will last approximately 60 to 90 minutes.
- I understand that my participation in the focus group is confidential and that no material identifying me personally will appear in any reports or publications.
- I understand that the group discussion will be audio-recorded to assist with analysis.
- I agree/do not agree to be audio recorded (**please circle one**).



- I understand that, due to the group setting, it may not be possible to fully remove my contributions if I choose to withdraw after the session, particularly if others have responded to my comments.
- I understand that if I withdraw after the session, audio already collected may still be used for analysis, but any request for redaction made within one week will be considered where feasible.
- I understand that although all reasonable steps will be taken to maintain confidentiality, this cannot be fully guaranteed in a group setting, and I agree not to share what is discussed outside the group.
- I understand that the student researcher will transcribe the audio recordings and that all data will be stored securely.
- I understand that the audio recording will be deleted after transcription is complete and verified, and that the consent form will be retained for 6 years.
- I understand that audio recording collected up to the point when I withdraw may continue to be processed if I decide to withdraw from the session.
- I wish/do not wish to receive a summary of the findings. (Please circle one.)

Email address: _____

- I understand who to contact if I have questions about the study or wish to withdraw.

Name _____

Signature _____ Date _____