



MEDICAL AND HEALTH SCIENCES

Medical and Health Sciences
85 Park Road, Grafton
Ph: (09) 923 2760
www.fmhs@auckland.ac.nz

The University of Auckland
Private Bag 92019
Auckland, New Zealand

CONSENT FORM FOR PARTICIPANTS

THIS FORM WILL BE HELD FOR A DURATION OF SIX YEARS

Project title: Feasibility and preliminary efficacy of the 'Daily Health Coach' health promotion program for young women: a pilot randomised controlled trial.

Name of Principal Investigator/Supervisor: Dr Rajshri Roy

Name of Student Researcher: Jessica Malloy

I have read the Participant Information Sheet. I have been given sufficient time to consider whether to participate in this study and to ask questions and was offered support from whānau/family or a friend to help me understand what the study involves. I am satisfied with the answers given to me, I understand the nature of the research and why I have been invited to participate.

- I agree to take part in this research.
I understand my participation is voluntary.
I understand that I will follow and engage with the Daily Health Coach page on Instagram for 12 weeks.
I understand I am expected to complete six surveys at three time points (18 surveys total) over 14 weeks if allocated to the intervention group, and six surveys at five time points (30 surveys total) over 28 weeks if allocated to the waitlist control group.
I understand I am free to withdraw any data traceable to me at any time without giving a reason.
I understand that my participation in this research will not affect my relationship with the University of Auckland.
I understand that I will not be anonymous to the student researcher or the principal investigator.
I understand that any identifiable data will be kept for a minimum of 6 years and stored separately from the Consent Forms, after which they will be destroyed.
I agree not to disclose any personal information of other participants seen or discussed with individuals outside of the intervention.
I agree / do not agree that information collected from me up to the point when I withdraw may continue to be processed if I decide to withdraw from the study (please circle one).
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 unless I specify otherwise. If you wish to be identified and acknowledged for contributing to this research in any reports or outputs of study data, please indicate this by writing the statement 'I wish to be identified and acknowledged for my contribution to this research' in the space provided:

I wish / do not wish to receive the summary of findings (please circle one).
Email/postal address: \_\_\_\_\_

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

Name \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_



Medical and Health Sciences  
85 Park Road, Grafton  
Ph: (09) 923 2760  
[www.fmhs@auckland.ac.nz](http://www.fmhs@auckland.ac.nz)

The University of Auckland  
Private Bag 92019  
Auckland, New Zealand

Approved by the University of Auckland Human Participants Ethics Committee on 12.07.2023 for three years. Reference Number UAHPEC26195.