



School of Population Health  
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New Zealand

## CONSENT FORM

**This form will be held for a period of 6 years**

**Project Title:** COVID-19 vaccine beliefs for evangelical Christians in Aotearoa, New Zealand

**Name of Principal Investigator/Supervisor (PI):** Dr Samantha March, Senior Research Fellow, University of Auckland, *email: sam.marsh@auckland.ac.nz*

**Name of Co-investigator(s):** Dr Fiona Langridge, Research Fellow, University of Auckland *email: f.langridge@auckland.ac.nz*, Dr Malakai 'Ofanoa, Senior Lecturer, University of Auckland, *email: m.ofanoa@auckland.ac.nz*

**Name of Student Researcher(s):** Laura Pope, University of Auckland Public Health Masters Student, *email: lpop686@aucklanduni.ac.nz*

### **Declaration by Participant:**

I have read the participation information sheet and have understood the nature of the research and why I have been selected. I have had an opportunity to ask questions to the investigator and have had them answered to satisfaction.

- I agree to take part in this research.
- I understand that my participation is voluntary.
- I understand that I am able to withdrawal from research any time prior to the interview.
- I understand that I am able to withdrawal any traceable data of me up until two weeks after the interview is complete without giving a reason.
- I understand that this information will be confidential, and no material could be able to identify me will be used in reports or publication.
- I have agreed to take part in a pre-screening questionnaire and am happy for that information to be included and used in the study.

- I agree to be audio-recorded, but understand that I can ask for the recording to be stopped at any time without giving a reason.
- I agree to take part in the interview that will be conducted and transcribed by the student researcher.
- I understand that confidentiality is not guaranteed.
- I agree that I am 18 years of age or older and live in New Zealand.
- I understand English and can read and write English.
- I have a device from which I am able to use Zoom from.
- I have internet and email access and am able to use both.
- I either identify as evangelical Christian or am a part of a church that is evangelic.
- I commit to an interview via zoom that will last approximately an hour.
- I understand and accept the coding process.
- I have been given a participation information sheet to keep.
- I have had time to make a decision about my involvement in this research and I am aware of who to contact if I have any questions or concerns.
- I understand that data will be kept indefinitely and separate from the consent forms and after 6 years the consent forms will be destroyed.

I wish / do not wish to receive the summary of findings (please circle one).

I wish / do not wish to be contacted in the future about similar information.

Email/postal address: \_\_\_\_\_

Name \_\_\_\_\_

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

**Please complete your email address and one of the team members will be in contact with you shortly**

**Email address** \_\_\_\_\_

Approved by the University of Auckland Human Participants Ethics Committee on  
20/05/2022 for three years, Reference Number UAHPEC24085.