



**MEDICAL AND  
HEALTH SCIENCES**  
SCHOOL OF POPULATION HEALTH

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**CONSENT FORM  
FOR PARTICIPANTS**

**THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS**

**Project title:**

Assessment of Musicians Earplugs

**Research team:**

Joshua Nightingale, Dr David Welch, Gavin Coad

I have read or have had read to me in my first language, the Participant Information Sheet. I have been given sufficient time to consider whether or not 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 the time needed is 2 hours maximum.

- 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 understand that I can withdraw any data I have provided by emailing one of the researchers.
- I understand that the data I provide will be kept for 6 years and separate from this Consent Form, which will be destroyed in 6 years.
- I understand that if there are incidental findings during my participation, the researchers can inform the appropriate healthcare practitioners.
- I understand that the researcher will need to touch my head when performing Otoscopy, and that they will verbally ask for consent to do this. I understand that I can deny this and withdraw from the study with no consequences.
- I understand that the earplugs given to me in this research are mine to keep.
- I wish / do not wish to receive the summary of findings (please circle one).  
Email/postal address: \_\_\_\_\_
- I know who to contact if I have any questions about the study in general.

Name \_\_\_\_\_

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

Approved by the Auckland Health Research Ethics Committee on 30/05/2023 for three years. Reference number **AH25984**