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CONSENT FORM

THIS FORM WILL BE HELD FOR 6 YEARS

Project Title

The impact of cochlear implantation on cognitive function in adults

Researcher

Connie Loi, Master of Audiology, University of Auckland

Supervisor

Dr. David Welch (Head of Audiology, Department of Audiology)

I agree to be a participant in this research. I have understood what this research is about and why I have been invited to participate. I have been given the opportunity to ask any questions I may have about this research and my role as a participant. The questions I have asked have been satisfactorily answered.

- I am freely choosing to participate in this research.
- I have been given a copy of the Participant Information Sheet for this research and have read and understood this in full.

I understand:

- I have a right to withdraw my participation from this research, including withdrawing my data, at any time during the research session, without providing a reason.
- My participation will take up to 2 hours in a one-off session, which will include rest breaks.

- During the testing session, I will be asked to do some cognitive tasks, which assess aspects of cognition such as working memory, attention, encoding, auditory processing, and mental manipulation. I will also be asked a few questions including:
 - Date of birth and/or age
 - Duration of hearing loss since onset (if applicable)
 - Implantation date and duration (if applicable)
 - If I am participating as an individual with normal hearing, I will also be asked to complete a short hearing screening (up to 15 minutes) in addition to cognitive testing and interviewing.
 - My data will be kept confidential and that there will be no information identifying my data as my own, or me as a participant in this study. My confidential data will be kept secure, in digital format, at The University of Auckland on a secure computer. This data will be kept indefinitely for future research. This consent form will be kept for a minimum of six years at The University of Auckland, after which it will be securely destroyed through a paper shredder.
 - I will receive one \$10 petrol or supermarket voucher for my participation, regardless of whether or not I complete all parts of the research.
- If I am a cochlear implant user, or on the waiting list for implantation, I give consent for my existing hearing data from my clinical records to be accessed and used by the researchers.
- For normal hearing participants, if a hearing loss is found during the hearing screening, I give consent for my existing hearing results to be accessed by other audiologists and specialists who may be able to assess and help with my hearing difficulties.

Name: _____

Signature: _____

Date: _____

If you wish to receive a summary of the findings, please provide your contact email address below:

E-mail: _____

Approved by the Auckland Health Research Ethics Committee on 14/10/2021 for three years.
Reference number AH22816.