

Section of Audiology
Faculty of Medical and Health Sciences



THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND
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CONSENT FORM FOR PARTICIPANTS

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title:

Investigating factors influencing young people's use of hearing protection in nightclubs.

Research team:

- Maral Ghamkhar (student researcher), Master of Audiology, Faculty of Medical and Health Sciences
- Dr David Welch (staff, co-supervisor/researcher), Lecturer for The University of Auckland Audiology Department.
- Dr Ravi Reddy (staff, co-supervisor/researcher), Lecturer for The University of Auckland Health Sciences Department

I have read the Participant Information Sheet. I have been given sufficient time to consider whether or not to participate in this study. I have had the opportunity to ask questions and 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 1 hour of direct time spent with the student researcher- at Grafton campus, or in the case of a lockdown, via zoom- and completing questionnaires, in addition

to a minimum of 1 hour spent clubbing in order to use my noise level measuring app and earplugs for the study.

- I understand I am free to withdraw from the research and withdraw any data provided by me, up to one day after being sent the final questionnaire, without giving a reason.
- 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.
- I understand that data will be kept indefinitely on a password-protected computer, with no identifiable information, and separate from the Consent Forms.
- I consent to the research staff collecting and processing my information.
- I wish/ do not wish to go in the draw to win 1 of 3 \$100 supermarket prizes for participating in this study (please circle one).
- I wish / do not wish to receive the summary of findings (please circle one).
- I know who to contact if I have any questions about the study in general.

Name: _____

Email: _____

Signature: _____ Date: _____

Approved by the Auckland Health Research Ethics Committee on 30/09/2021 for 3 years. Reference number AH23143