

Consent Form

Health Service Participants

THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project Title: Keteparaha: A Community Framework to Support Māori Ageing and End-of-Life Study

Name of Principal Investigator/Supervisor (PI): Dr Melissa Carey

Name of Co-investigator(s): Professor Merryn Gott and Dr Tess Moeke-Maxwell

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

- I agree to take part in this research.
- I understand that I am free to withdraw my participation at any time, and to withdraw any data traceable to me up to 01.04.2022
- I agree / do not agree to be audio recorded.
- I wish to receive a transcript of my interview for editing.

- I am interested in having written and audio summaries of my research interview sent to me.

Yes/No

- **Email address:** _____
- **Postal address:** _____

Name: _____

Signature: _____ Date: _____

Approved by the Auckland Health Research Ethics Committee on 1/07/20 for three years.
Reference number **AH1062**.