

## Consent Form

### Kaumātua and Whānau 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 a 01.04.2022
- I understand the focus group will be recorded.
- I agree to keep anything I hear in the focus group confidential
- I agree to obtain permission to use any images of people other than myself.

- I am interested in making a digital story

**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**.