MEDICAL AND
HEALTH SCIENCES
school of nursing

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## Participant Consent Form (Focus groups)

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

1. I confirm that I have read and understood the information sheet and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my involvement is voluntary and I may withdraw my participation without giving a reason. However, if I withdraw from the focus group, information I have contributed up to that point cannot be withdrawn as its removal will affect the contextual meaning of the remaining data.
3. I understand that the focus groups will be digitally recorded, that I may refuse to answer any questions and am free to leave the group discussion without having to give a reason.
4. I understand that because of the nature of the focus group situation, the recording device cannot be turned off during the discussion
5. I understand that if I am a student of any of the researchers involved in this project, my participation or non-participation will have no effect on my grades or relationship with the University. I may contact my academic head if I feel that this assurance has not been met.
6. I understand that the researchers may publish journal articles, reports or give presentations related to the study and that my name or identifying details will not be disclosed within them.

## Name/address/email

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$\qquad$
$\qquad$ Signature $\qquad$

