



**MEDICAL AND
HEALTH SCIENCES**

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CONSENT FORM (for participants)

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title:

The effect of masking on attitudes to sound

Research team:

Jiana Wu (Student Researcher)

PhD student of Audiology, Section of Audiology, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland

Dr David Welch (Supervisor)

Section of Audiology, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland

Dr Kim Dirks (Co-Supervisor)

School of Civil and Environmental Engineering, Faculty of Engineering, University of Auckland

Dr Daniel Shepherd (Co-Supervisor)

Faculty of Health and Environmental Studies, Auckland University of Technology

I have read, or have had read to me in my first language, the Participant Information Sheet. I have been given sufficient time to consider whether or not to participate in this study and to ask questions, and was offered support from whānau/family or a friend to help me understand what the study involves. I 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.
- I consent to the research staff collecting and processing my information and research data.
- I understand that I may withdraw from the study at any point, and I may also withdraw the data collected about me at any point up to the end of the experimental session, after which my data will be de-identified and combined with the data from other participants so it will not be possible to remove it since nobody will know whose it is.
- If I decide to withdraw from the study during the time of the experiment, I understand that my data collected will be deleted at the point of withdrawal.
- I understand that de-identified research data and consent form will be kept for six years.
- I understand that I will receive one \$50 voucher after the participation.
- 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 on this study.
- I understand that if I need cultural support, I could contact members of my whānau or community for advice; and I could also ask the researchers to explain the research to me.
- I understand my responsibilities as a study participant.
- I wish / do not wish to receive the summary of findings (please circle one).

Please provide a summary of findings to me at this email address (if applicable):

- I know who to contact if I have any questions about the study in general.

Name _____

Signature _____ Date _____

Approved by the Auckland Health Research Ethics Committee on 21/02/2025 for three years. Reference number AH28554.