

Consent Form

The form will be kept for a period of six years



Interpreter will be available on request

I have read, or have had read to me in my first language, and I understand 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 use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study.

I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.

I consent to the research staff conducting a thorough eye test.

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 the compensation provisions in case of injury during the study.

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

I understand my responsibilities as a study participant.

I wish to receive a summary of the results from the study. Yes No

I understand I can withdraw my data after one month from the date of participating in the research.

Declaration by participant:

I hereby consent to take part in this study.

Participant's name:

Email address:

Signature:

Date:

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name:

Signature:

Date:

Research team:

Dr Stuti Misra, Professor Jennifer Craig, Dr Rachel Niederer, Associate Professor Ilva Rupenthal

Approved by the Health and Disability Ethics Committee on 05 August 2021 for three years. Reference number [21/STH/154].