

Centre for Medical and Health Sciences Education (CMHSE) Faculty of Medical and Health Sciences The University of Auckland Private Bag 92019 Building 507, Level 2. Grafton Campus 22-30 Park Ave. Grafton Auckland 1023. New Zealand www.health.auckland.ac.nz Email: drui662@aucklanduni.ac.nz

CONSENT

(For people and/or institutions appearing in a participant's photograph) THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Research Title: Clinical education in times of COVID-19: an international photo-elicitation study

I understand that this study is designed to understand how clinical health professions educators experienced teaching during the COVID-19 pandemic.

I have had the opportunity to discuss this study with the participant who is taking part in it. I am satisfied with the answers I have been given.

I know I can contact Daniela Ruiz-Cosignani E-mail. <u>drui662@aucklanduni.ac.nz</u> if I have any questions and/or concerns about permissions, consent, copyright, and/or about the study in general.

I have had the opportunity to see the photograph/s in which I and/or the institution's facilities appear and I am satisfied with ethical standards of the photograph.

I have had time to consider whether to give my consent to the photograph being included in this study and the research outputs, i.e., publications and/or public exhibitions.

I understand that giving my permission is voluntary (my choice)

For Institutions only: I understand that by giving my permission, the institution's facilities might beidentifiable in the photographs used for publication and/or public exhibition.YesNoIf you select "No" unique features of the facilities will be de-identifiedusing a photographic blurring technique.No

For people only: I consent to be identifiable in the photograph/s byYesNomy face and/or any other unique physical characteristic (e.g., tattoos).If you select "No" your unique personal features will be de-identifiedIf you select "No" your unique personal features will be de-identified

I (name):

of (name of the institution if applies): hereby state that the above is true and correct.

Signature (please use an electronic signature, or upload a photograph of your hand-written signature or print this form and sign it):

Please sign here:

Date:

Approved by the University of Auckland Human Participants Ethics Committee on 5 July for three years. Reference Number UAHPEC21879