



MEDICAL AND HEALTH SCIENCES

CONSENT FORM PARTICIPANT

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Medical and Health Sciences
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Project title: Promoting healthier food portions with the application of Augmented Reality

Name of Principal Investigator/Supervisor: Dr Rajshri Roy

Name of Student Researcher: Eliena Martin

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 this will not affect my relationship with the university.
- I understand that my data will be de-identified and that I will not be named or identifiable in any outputs of the research.
- I wish / do not wish to receive a summary of findings, which can be emailed to me at this email address: _____

Name: _____ Signature: _____ Date: _____

Approved by the University of Auckland Human Participants Ethics Committee on 25/03/2022 for three years. Reference Number 23989.