THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

SCIENCE
SCHOOL OF PSYCHOLOGY

SCIENCE CENTRE 302 - Bldg. 302
Level 2, Room 243
23 SYMONDS ST
AUCKLAND 1010
New Zealand

Parental/Caregiver Consent Form

Project: Graph theory analysis of functional connectivity: links with Auditory Processing Disorder

- The research project has been explained to me and I understand the purpose of my participation. I have had the opportunity to ask questions and have them answered
- I understand my child will be required to attend two sessions (1.5 hours each session)
- I agree that the researchers may access to my child's clinical (audiology) records for the purpose of this study
- I understand my child's participation is voluntary
- I understand my child may withdraw from the project at any time. If he/she chooses to withdraw, all information relating to their participation will be withdrawn and will not be included in any reports
- I understand that my child will be asked to not drink excessive amounts of caffeine or energy drinks on the day of the scan, and that a researcher will call/text/email me the day before the scanning session to remind me about this.
- I understand that my child's name will appear only on this form. The data from this research (including questionnaires, and brain scans) will be stored confidentially, and coded by number to de-identify me. Research publications and presentations from this study will not contain any information that could identify my child.
- I understand that my child's participation in this study may yield incidental findings related to their hearing and behaviour or brain anatomy and the researchers will be obliged to inform me.
- I understand that all documents and data will remain confidential and be stored securely on either password protected computers or locked filing cabinets. This information will be destroyed after a period of six years

I, the parent/legal guardian of _____(child's first and last name) agree for my child to participate in the study.

I would like to receive a summary of the research upon completion: Yes / No
I would like to receive an image of my child's brain. Yes / No
(If your answer is yes please provide an email address that you would like the results sent to)

Email Address: _____

Parent/Caregiver name (please print)

_____

Parent/Caregiver signature

_____

Date_____

Approved by the University of Auckland Human Participants Ethics Committee on 18/10/2019 for period of 6 years. Reference Number: 023546