CONSENT FORM
THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS
Project Title: Hearing and cognitive outcomes using a cognitively focused hearing aid fitting strategy compared to current practice.

Investigators:
Associate Professor Grant Searchfield (The University of Auckland)
Professor Megan McAuliffe (Canterbury University)
Professor Ngaire Kerse (The University of Auckland)
Ms Ying Huang (The University of Auckland)
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Christine Fok (The University of Auckland)
Eric Williams (Canterbury University)
Tin Aung Kyaw (The University of Auckland)

I have read the Participant Information Sheet and have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions of the investigators and have had them answered to my satisfaction.

- I agree to take part in this study.
- I understand that the nature of the participation is voluntary.
- I understand that participation in this study will require an audiological assessment and the fitting of a hearing aid. I am aware that if any changes to my hearing is found, support and appropriate referrals will be available from an experienced audiologist if needed.
- I understand that in the event of an incidental finding, support and appropriate referrals will be available from an experienced audiologist.
- I understand that participation in this study will involve insertion of a small, soft probe microphone into my ear canals. I am aware there is a small risk of discomfort however this is likely to be of brief duration.
- I understand that the information collected will be kept confidential and no material that could identify me will be used in any reports or publications relating to this study.
• I understand that I am free to withdraw participation at any time without providing a reason and to withdraw any data traceable to me up to 1st Oct 2020.

• I understand that non-identifiable data, questionnaires, and consent forms will be stored securely for 6 years, after which they will be destroyed.

• I have had time to consider whether I wish to take part, and I know whom to contact if I have any questions or concerns regarding this study.

• I wish / do not wish to receive a summary of the findings of this research.

I, .......................................................................................................................... hereby consent to take part in this study. (please print full name)

Signature: .................................................................................................

Date: ..........................................

Address: .......................................................................................................

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Phone Number: .................................................................

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 3/11/17 for (3) years, Reference Number 020188