CONSENT FORM – HARD-OF-HEARING MĀORI
THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: Taringa Whakarongo – Older Māori and whānau experiences and perspectives of hearing loss and hearing health care services.

Student Researcher:
Alehandrea Manuel (Ngāti Porou)

Principle investigators/PhD Supervisors:
Associate Professor Elana Curtis (Ngāti Rongomai, Ngāti Pikiao, Te Arawa)
Associate Professor Grant Searchfield

I have read and understood the participant information sheet of this research project and have had the details of the study explained to me in full. I have been able to ask questions and have them answered in a way I understand.

- I understand that my participation in this study is my choice (voluntary).
- I understand that I can withdraw from the study at anytime without providing a reason, and decline to answer any particular questions in the study without any disadvantages.
- I understand that if I choose to withdraw from the study or leave the interview, I will not be able to withdraw any information I have provided up to the point I opt out of the study.
- I understand that because whānau members in the whānau interviews know each other, my confidentiality cannot be guaranteed. I agree to respect and honour one another’s identity and to keep everything that was talked about in the interviews confidential (by not telling people outside of the study who has been involved and what has been said in the interviews).
- I understand that no information that could identify me (let other people know who I am) will be used in any reports on this study.
• I agree to have the interview digitally audio recorded and I have the right to ask the researcher to turn the device off at any point during the interview.

• I understand that a third party who has signed a confidentiality agreement will transcribe the audio tapes, and that the audio recording of the interview will be deleted after it has been transcribed.

• I understand that all data will be kept securely in a locked cabinet on the University of Auckland premises for a period of six years, or until the study, theses, peer-reviewed publications and research outputs have been completed. After this, all information will be destroyed by a disposal company that provides security for confidential documents.

I agree to take part in this research under the conditions set out in the participant information sheet and this consent form.

Name: ........................................................................................................................................
Signature: ................................................................................................................................. Date: .................................................................