



CONSENT, PERMISSIONS AND ATTRIBUTIONS (For participants)

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*

CONSENT

I have read and I understand the participant information sheet for volunteers taking part in the study 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 researchers. I am satisfied with the answers I have been given.

I have had the opportunity to use family support and/or a friend to help me ask questions and understand the study.

I have had time to consider whether to take part in the study.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw participation without giving a reason, up to two weeks following the data submission.

I know I can contact Daniela Ruiz-Cosignani E-mail. drui662@aucklanduni.ac.nz if I have any side effects (for example, psychological harm or copyright concerns) from the study, and/or if I have any questions about the study in general.

By consenting to participate in this study I hereby state that the following is true and correct (N.A.=Not applicable)

- | | | | |
|---|-----|----|------|
| (1) I own the copyright of the photographs and written reflections submitted to this study | Yes | No | |
| (2) I am willing to contribute with my photographs and written reflections to be used as data for the purposes of this study | Yes | No | |
| (3) I have sought for permission of any persons, including children (or parents, guardians or legal representants if applies) and/or private institutions to a) be photographed, and b) to the photograph being included in this study. | Yes | No | N.A. |
| (4) I have sought written and signed consent from all people who chose to be identifiable in my photographs. | Yes | No | N.A |
| (5) I have sought written and signed consent from the entity representing identifiable private places appearing in my photographs. | Yes | No | N.A |

I wish/do not wish to receive a summary of findings,
If Yes please indicate email or postal address: Yes No

I understand that by signing to participate in this study I am not automatically giving permission to the researchers to publish my potentially identifiable photographs and reflections and that I must sign the following section in this document to grant this specific permission.

I (name) hereby consent to take part in this study.

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

Please sign here:

Date:

PERMISSIONS FOR PUBLICATION (COPYRIGHT)

I have read and I understand the participant information sheet concerning copyright.

I have had the opportunity to discuss copyright details with the researchers. I am satisfied with the answers I have been given.

Attribution statement

The usual protocol of publication and/or exhibition attribution is to include image's details such as photographer's name, date that the photograph was taken, title of the photograph, and country where the photo was taken. We will de-identify all your details from your photographs and your written reflections for the purposes of publication by replacing your name for an artificial name that can be one of your personal choice (pseudonym) or ours, unless you explicitly state in this consent form that you are keen to be identifiable by any data that you have submitted to this study.

Specific instructions to be included in our acknowledgement of Copyright Ownership

I agree to my contributions to be included in publications and/ or public exhibitions as part of this research study: Yes No

Specifically, I agree to the following details:

- | | | |
|--|-----|----|
| (1) That my face and/or any unique physical characteristic (e.g., tattoos) are identifiable in photographs of myself (i.e., selfies) or others | Yes | No |
| If not, I give permission to the researchers to blur any identifiable features. | Yes | No |
| (2) That my real name is used | Yes | No |
| If not, | | |
| That a pseudonym of my personal choice is used | Yes | No |
| Please insert your preferred pseudonym here | | |
| If not, that a pseudonym selected by the researchers is used | Yes | No |
| (3) The country/ies where my photographs were taken are published | Yes | No |
| (4) The date/s that the photographs were taken are published | Yes | No |
| (5) The titles that I have assigned to my photographs are published | Yes | No |

Terms and conditions

Please note any terms and conditions of the permission:

I (name) _____ as Copyright Owner (or the person with authority to sign on behalf of the Copyright Owner) of the photographs submitted, hereby grant permission for Daniela Ruiz-Cosignani to copy the material as requested for the purposes of **publication and/or public exhibition** with no further action required.

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

Please sign here:

Date:

Approved by the University of Auckland Human Participants Ethics Committee on 5 July 2021 for three years.
Reference Number UAHPEC21879