#  Field Testing a Māori/Pacific Version of a Japanese iPad App to Support Culturally Responsive Goal Setting in Clinical Rehabilitation: A Qualitative Study

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## Consent Form for Participating Patients

*Following signature and return to the research team, this form will be stored in a secure place for ten years.*

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have read the information sheet concerning this study and understand the aims of this research project.
* I have had sufficient time to reflect on and discuss with others my choice concerning participation in this study.
* All my questions about the project have been answered to my satisfaction, and I understand that I am free to request further information at any stage.
* I know that my participation in the project is entirely voluntary, and that I am free to withdraw from the project at any time without disadvantage.
* I know that as a participant I will be asked to use an iPad application, to talk about my experience and to have this discussion recorded.
* I understand the recording of my interview will be sent to a professional typist to be transcribed, and this typist has signed a contract to maintain confidentiality.
* I understand that this project is for Māori patients, and I am participating as a Māori person.
* I understand I can invite my Whānau to participate in the interviews alongside me.
* I know that some basic information about me will be recorded (age, gender, ethnicity, health condition, normal living arrangements.) But that none of this information will be used in a way to identify me in the study.
* I understand the nature and the size of the risks of discomfort or harm which are explained in the information sheet provided.
* I know that when the project is completed all personal identifying information will be removed from the paper records and electronic files which represent the data from the project, and that these will be placed in secure storage and kept for at least ten years.
* I understand that the results of the project may be published and be available in the University of Otago Library. But that any identifying information will remain confidential between myself and the researchers during the study and will not appear in any spoken or written report of the study.

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_