



**MEDICAL AND  
HEALTH SCIENCES**

Department of Psychological Medicine  
Faculty of Medical and Health Sciences  
Level 12, Support Building  
Auckland City Hospital  
Park Road, Grafton  
Auckland, New Zealand  
Phone: +64 9 373 7599 Ext 86561  
The University of Auckland Private Bag 92019  
Auckland 1142, New Zealand

## **WRITTEN CONSENT FORM**

**THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS**

**Project Title: Exploring Perceptions of a Health Information Video.**

Name of Researchers:

Professor Elizabeth Broadbent (Supervisor)

Shennelle Muller (Master of Health Psychology Candidate)

I have read and understood the Participant Information Sheet and have understood the nature of the research. I have had an opportunity to ask questions and have them answered to my satisfaction. I understand the voluntary nature of this participation.

- I agree to take part in this research.
- I understand that as part of the study, I will watch a 5-minute health-information video and complete questionnaires.
- I understand that this study does not involve greater than minimal risk, harm or discomfort than may be encountered in daily life.
- I understand that whether or not I participate in this study will not affect my relationship with the researcher, my grades, or my relationship with the University and that I may contact my HoD should I feel that this assurance has not been met.
- I understand that I am able to withdraw from this research project at any time and to withdraw any data traceable to me until two weeks after participation without giving a reason.

- I understand that participation will take approximately 30 minutes.
- I understand that I will be video recorded.
- I understand that all personal information will be kept completely confidential and no material that could personally identify me will be used in any report on this study.
- I understand that the results of the study may be published but will not include any information that could identify me (including video recordings).
- I understand that the research data will be stored for six years after which they will be destroyed.
- I understand that data in storage will be accessible by the researcher and supervisor only.
- I am aware that taking part in this study rewards me with a \$20 Westfield gift voucher.
  
- I wish to receive a summary of the findings
  - Yes
  - No

Name: .....

Email address: .....

**Declaration:**

I hereby consent to take part in this study.

Signature: .....

Date: .....

“Approved by the Auckland Health Research Ethics Committee on [insert approval date] for three years. Reference number XXXXXX.”