

Consent Form

Project Title: Pasifika Intervention to increase uptake of urate-lowering therapy for gout

Participants: Members of co-design groups PPHAG, PPBRN, AH+ or other key Pasifika stakeholders

I have read, or have had read to me, and I understand the Participant Information Sheet.

I have been given sufficient time to consider whether to participate in this study.

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

I am satisfied with the answers I have been given regarding the study. I have a copy of this consent form and information sheet.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my relationship with the University of Auckland.

I understand that my participation in this study cannot be guaranteed to be confidential, because of the collective nature of the data collection (workshop). No material, which could identify me personally, will be used in any reports on this study.

I know whom to contact if I have any questions about the study in general.

I understand my responsibilities as a study participant.

I wish to receive a summary of the results from the study Yes No

If Yes, please provide your address: Email address _____

OR Postal address _____

Declaration by participant: I hereby consent to take part in this study.

Participant's name: _____

Signature: _____ Date: _____

Declaration by a member of the research team:

I have given a verbal explanation of the research project to the participant. I have answered the participant's questions about it. I believe the participant understands the study and has given informed consent to participate.

Researcher's name: _____

Signature: _____ Date: _____