 APPENDIX 2.5

Model Information for Postgraduate Research Participants

*Instructions for use: Delete the above header. Text in red should also be deleted (including these instructions) once the appropriate action has been taken.*

Consent Form

|  |
| --- |
|  |
| **Project Title** |  |  |
|  |
| To |  |  |
|  |  |
| Researcher/s |  |  |
|  |  |
| Affiliation |  |  |
|  |
| **Description of the Research** |
|  |  |  |
|  |
| **What will participating in the research involve?***Provide information on factors such as where the research will take place, how much time will be involved, what activity(s) your subjects will be performing, what things you intend to measure, and whether or not audio or video recordings will be made. Delete this highlighted section prior to printing.* |
|  |  |  |
|  |
| **What are the benefits and possible risks to you in participating in this research?** |
|  |  |  |
|  |
| **Your Rights** |
| *Delete any of the statements below which do not apply to your participants. Also delete this text prior to printing.** You do not have to participate in this research if you do not wish to.
* If you are a learner at Ara and decide to take part, you can withdraw from the research at any time and this will not affect treatment or assessment in any courses at Ara.
* If you are a patient or under the care of learners or staff from Ara, you can withdraw from the research at any time and this will not affect your treatment or assessment in any way.
* Once you have completed the research you have a *[specify an appropriate length of time]* period within which you can withdraw any information collected from you.
* You are welcome to have a support person present (this may be a member of your family/whanau or other person of your choice)
* You may request a summary of the completed research confidentially:

*Provide information on how you will maintain confidentiality and implement anonymity procedures. Include a statement which says “Identifiable information about you will not be made available to any other people without your written consent”. Also include a statement outlining where the data will be securely stored and for how long.* |
|  |  |  |
|  |

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|  |
| --- |
| If you wish to participate in this research, or if you wish to know more about it, please contact: |
| Contact person |  |  |
|  |
| Department |  |  |
|  |
| Email |  |  |
|  |
| Work phone |  |  |
|  |
| Mobile phone |  |  |
|  |
|  |
| Supervisor name(s) |  |  |
|  |
| Email |  |  |
|  |
| Work phone |  |  |
|  |
|  |
| HoD/Manager |  |  |
|  |
| Work phone |  |  |
|  |

For any queries regarding ethics, please contact the Supervisor

|  |
| --- |
| **Checklist** |
| **1** | **Information for the Participant includes** |
| a |[ ]  An information sheet is available and attached |
|  |  | The information sheet contains the following explanations: |
| b |[ ]  1. the nature and purpose of the research
 |
|  |[ ]  1. possible hazards/risks of the activities
 |
|  |  | 1. the participants’ rights to:
 |
|  |[ ]   decline participation or withdraw from the activity |
|  |[ ]   have privacy and confidentiality protected |
|  |[ ]   receive information about the results in an appropriate form |
|  |[ ]  1. safe keeping of the consent forms and data
 |
|  |
| **2** | **Recorded interviews** *(if applicable)* |
|  |  | The participants will be informed of the following: |
|  |[ ]  That the interview is being recorded (audio/video/electronic/digital) |
|  |[ ]  That they may stop the recording at any time |
|  |[ ]  Who will use the recording and how |
|  |[ ]  Who will transcribe the recording, if not the researcher |
|  |[ ]  Who will see/use the transcription |
|  |  | Storage and disposal of: |
|  |[ ]  The recording |
|  |[ ]  The transcription |
|  | Note: it is the researcher’s responsibility to ensure the above issues are addressed during the research. |
|  |
| **3** | **Consent** |
| a |[ ]  Participant consent form/s attached and complies with principles underlying participants’ rights |
| b |  | For any other consent required, tick the appropriate box and attach copies |
|  |[ ]  Guardian/proxy consent |
|  |[ ]  Institutional/organisational consent |
|  |[ ]  “Completion complies consent” statement attached to questionnaire |
|  |  |  |

*This study has been approved by the [ethics committee] on [date], Reference # [reference].*