# *Appendix E: Consent and Assent Form Exemplars*

##### Instructions for use:

1. This section is provided to assist you in the effective use of these exemplars.
2. Comprehensive information about AUT’s ethics approval processes may be found online at http://www.aut.ac.nz/researchethics and especially section 2 Informed and Voluntary Consent of *Applying for Ethics Approval: Guidelines and Procedures* to guide your use of these exemplars. It will also assist if you read the information in the Glossary on the distinction between Assent and Consent\*\* as well as the Frequently Asked Questions section. If your research requires ethics approval by a Health and Disability Ethics Committee (HDEC), please ensure that your Consent Form conforms to the template given in the quick links section of the HDEC website (http://ethics.health.govt.nz/)
3. The format of these Consent and Assent Forms is AUTEC’s preferred format. You may choose to format it differently, in which case you will need to provide a reason for this in the appropriate section of the application form and you also need to know that the following content is compulsory and must be incorporated into your Consent Form:
	1. The AUT brand and logo;
	2. The Consent or Assent statements;
	3. The AUTEC approval details (Note that the date of approval is the date of the memo from the Executive Secretary giving final ethics approval, not the date of the AUTEC meeting).
4. Do rewrite sections to better reflect your research and the contents of your Information Sheet.
5. Do make additional provision for the signatures of parents or guardians where the participant is aged between 16 and 20 and legally able to give consent and when parental agreement is appropriate\*\*.
6. Do delete sections that are not applicable to your research.
7. Do adjust the header and footer sections.
8. This is a Consent Form for participants, which will be used under the auspices of the University – please use language appropriate to the potential participants involved, be friendly and encourage the reader to participate in your research, and ***ensure that your grammar and spelling are of a high quality.***
9. If you will be using an anonymous questionnaire as your research instrument, then a Consent Form may not be required. Please refer to the Frequently Asked Questions section of the Ethics Knowledge Base (see above).
10. When you have drafted your Consent Form, and **before** you submit it with your application, delete this instruction section and any instructions (usually in coloured font) in the exemplars.

\*\**You have understood the difference between assent and consent, haven’t you?*

Before submitting this with your application, please note the following:

* Incomplete or incorrectly formatted applications will not be considered by AUTEC;
* Please check online for the most recent version of this exemplar before submitting your application;

This Consent Form needs to be submitted, along with the application and all associated documents as follows:

* In printed form;
* With the required signatures in sections A.8 and A.9;
* Single sided;
* Using clips rather than staples;
* By 4 pm on the agenda closing date at:

The AUTEC Secretariat

Room WU406, WU Building, 46 Wakefield Street, City Campus.

* The Internal Mail Code is D-88. If sending applications by Internal Mail, please ensure that they are posted at least two days earlier to allow for any delay that may occur.

Please send one (1) copy (single sided, clipped not stapled) of this Consent Form with your application to:

Internal Mail Code: RC

# Consent Form

For use when interviews are involved.

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.

⭘ I have had an opportunity to ask questions and to have them answered.

⭘ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

⭘ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.

⭘ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.

⭘ I agree to take part in this research.

⭘ I wish to receive a summary of the research findings (please tick one): Yes⭘ No⭘

Participant’s signature: .....................................................…………………………………………………………

Participant’s name: .....................................................…………………………………………………………

Participant’s Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

# Consent Form

For use when laboratory or field testing is involved.

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.

⭘ I have had an opportunity to ask questions and to have them answered.

⭘ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.

⭘ I understand that if I withdraw from the study then I will be offered the choice between having any data or tissue that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.

⭘ I am not suffering from heart disease, high blood pressure, any respiratory condition (mild asthma excluded), any illness or injury that impairs my physical performance, or any infection (alter this wording to best reflect the requirements for your research).

⭘ I agree to provide blood samples (alter this wording to best reflect the requirements of your research).

⭘ I agree to take part in this research.

⭘ I wish to receive a summary of the research findings (please tick one): Yes⭘ No⭘

⭘ I wish to have my blood samples (alter this wording to best reflect the requirements of your research) returned to me in accordance with right 7 (9) of the *Code of Health and Disability Services Consumers' Rights* (please tick one): Yes⭘ No⭘

Participant’s signature: .....................................................…………………………………………………………

Participant’s name: .....................................................…………………………………………………………

Participant’s Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

# Consent Form

For use when focus groups are involved.

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.

⭘ I have had an opportunity to ask questions and to have them answered.

⭘ I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.

⭘ I understand that notes will be taken during the focus group and that it will also be audio-taped and transcribed.

⭘ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.

⭘ I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the focus group discussion of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.

⭘ I agree to take part in this research.

⭘ I wish to receive a summary of the research findings (please tick one): Yes⭘ No⭘

Participant’s signature: .....................................................…………………………………………………………

Participant’s name: .....................................................…………………………………………………………

Participant’s Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

# Consent and Release Form

For use when photographs, videos or other image recording is being used

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.

⭘ I have had an opportunity to ask questions and to have them answered.

⭘ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.

⭘ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.

⭘ I permit the researcher | artist to use the photographs that are part of this project and/or any drawings from them and any other reproductions or adaptations from them, either complete or in part, alone or in conjunction with any wording and/or drawings solely and exclusively for (a) the researcher’s | artist’s portfolio; and (b) educational exhibition and examination purposes and related design works; and (c) all forms and media for advertising, trade and any other lawful purposes as stated on the Information Sheet *(used only where the next statement does not apply)*.

⭘ I understand that the photographs will be used for academic purposes only and (omit this phrase only when c in the previous statement is used) will not be published in any form outside of this project without my written permission.

⭘ I understand that any copyright material created by the photographic sessions is deemed to be owned by the researcher | artist (where the researcher | artist has been commissioned to do the work, the name of the commissioning person or organisation needs to be used instead of ‘the researcher | artist’) and that I do not own copyright of any of the photographs.

⭘ I agree to take part in this research.

Participant’s signature: .....................................................…………………………………………………………

Participant’s name: .....................................................…………………………………………………………

Participant’s Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

# Parent/Guardian Consent Form

For use in conjunction with either:

* an appropriate Assent Form when people under 16 years of age are participants in the research or
* a Consent Form when involving participants aged 16-20 years where their age makes them vulnerable as concerns informed or voluntary consent.

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.

⭘ I have had an opportunity to ask questions and to have them answered.

⭘ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

⭘ I understand that taking part in this study is voluntary (my choice) and that I may withdraw my child/children and/or myself from the study at any time without being disadvantaged in any way.

⭘ I understand that if I withdraw my child/children and/or myself from the study then I will be offered the choice between having any data that is identifiable as belonging to my child/children and/or myself removed or allowing it to continue to be used. However, once the findings have been produced, removal of our data may not be possible.

⭘ I agree to my child/children taking part in this research.

⭘ I understand that my child is able to refuse to give assent to take part in this research.

⭘ I wish to receive a summary of the research findings (please tick one): Yes⭘ No⭘

Child/children’s name/s : ………………………………………………………………………………………

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Parent/Guardian’s signature: .........................................…………………………………………………………

Parent/Guardian’s name: .........................................…………………………………………………………

Parent/Guardian’s Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

# Assent Form

For completion by people aged under 16 years. This must be accompanied by a Consent Form. When pre-schoolers are involved, please use the special Children’s Information Sheet which can be downloaded from the research ethics website at <http://aut.ac.nz/researchethics>.

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

⭘ I have read and understood the sheet telling me what will happen in this study and why it is important.

⭘ I have been able to ask questions and to have them answered.

⭘ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

⭘ I understand that I can stop being part of this study whenever I want and that it is perfectly ok for me to do this.

⭘ If I stop being part of the study, I understand that then I will be offered the choice between having any information that that other people can know is about me removed or letting the researcher keep using it. I also understand that sometimes, if the results of the research have been written, some information about me may not be able to be removed.

⭘ I agree to take part in this research.

Participant’s signature: .....................................................…………………………………………………………

Participant’s name: .....................................................…………………………………………………………

Participant Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

# Oral Consent Protocol

For use when interviews are being conducted by videoconference.

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

*The participant joins the videoconference*

⭘ Do you agree to my recording your consent to participate?

*If they agree, then the record function will be activated and they will be asked the following:*

⭘ Have you read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy?

⭘ Do you have any questions about the research?

⭘ Do you understand that notes will be taken during the interviews and that the in terview will also be audio-recorded and transcribed?

⭘ Do you understand that taking part in this study is voluntary (your choice) and that you may withdraw from the study at any time without being disadvantaged in any way.?

⭘ Do you understand that if you withdraw from the study then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used? However, once the findings have been produced, removal of your data may not be possible.

⭘ Do you agree to take part in this research?

⭘ Do you wish to receive a summary of the research findings? (please tick one): Yes⭘ No⭘

⭘ Do you want me to send you a copy of the audio recording for this consent? Yes⭘ No⭘

⭘ Please confirm you name and contact details

Participant’s name: .....................................................…………………………………………………………

Participant’s Contact Details (if appropriate):

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*I will now turn off the recording of the Consent and then will start a separate recording for the interview.*

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

# Permission for researchers to access organisation school staff / students.

For use when permission is being sought from the head of an organisation to undertake research within the organisation or with the organisation’s people.

*Project title:* ***xxx***

*Project Supervisor:* ***xxx***

*Researcher:* ***xxx***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated 14 June 2017.

⭘ I give permission for the researcher to undertake research within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⭘ I give permission for the researcher to access the staff / students / employees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s CEO’s signature: .....................................................…………………………………………………………

Principal’s CEO’s name: .....................................................…………………………………………………………

Principal’s CEO’s Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The head of the organisation should retain a copy of this form.*