The March 15 Project: Impacts and Recovery

Consent Form

I have read, or have had this read to me in my first language, and I understand the Participant Information Sheet.	Yes ☐	
I have been given enough time to consider whether or not to participate in this project.	Yes ☐	
I have had the opportunity to use a legal representative, whanau/family support or a friend to help me ask questions and understand the project.	Yes ☐	
I am satisfied with the answers I have been given regarding the project and I have a copy of this consent form and information sheet.	Yes ☐	
I consent to the research staff collecting and processing my information, including information about my health.	Yes ☐	
I know who to contact if I have any questions about the project in general.	Yes ☐	
I understand that taking part in this project is voluntary (my choice) and that I may withdraw from the project at any time without this affecting my medical care.	Yes ☐	
If I decide to withdraw from the project, I agree that the information collected about me up to the point when I withdraw may continue to be processed.	Yes ☐	No ☐
I consent to my GP or current health provider being informed about any significant results obtained during the project.	Yes ☐	No ☐ (Please discuss this with your interviewer)
I consent to my NHI number being used to compare the number of visits I have made to a health provider 5 years before and while I am in the project.	Yes ☐	No ☐
If necessary, for further support, I consent to be referred to appropriate services.	Yes ☐	No ☐
I agree to an approved auditor appointed by the New Zealand Health and Disability Ethic Committees, or any relevant regulatory authority or their approved representative reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the project.	Yes ☐	
I wish to receive a summary of the results from the project.	Yes ☐	No ☐
I consent to being contacted about future studies and at 3 and 5 years after the attacks.	Yes ☐	No ☐
I understand that my participation in this project is confidential and that no material, which could identify me personally, will be used in any reports on this project.	Yes ☐	

Participant's Name:

Signature: **Date:**