## A logo with blue text Description automatically generated

## Participant Information Sheet (enter further details if necessary e.g. for Parents/Guardians, etc)

|  |  |  |
| --- | --- | --- |
| **Study title:** |  | |
| **Principal investigator:** | **Name**  **Department**  **Position** | Contact phone number:  ……………………………… |

**Introduction**

Thank you for showing an interest in this project. Please read this information sheet carefully. Take time to consider and, if you wish, talk with relatives or friends, before deciding whether or not to participate.

If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

**What is the aim of this research project?**

*State the rationale and aims for the project. Explain how your study will contribute to new knowledge, or improve health or social outcomes.*

**Who is funding this project?**

*Indicate the source of any funding provided for this study e.g. a national Research Council, another Government Agency, a local or national Research Trust, University departmental funds, or a commercial organisation engaged in manufacturing or distribution.*

**Who are we seeking to participate in the project?**

*Explain how the sampling frame for potential participants has been defined, listing and justifying the inclusion and exclusion criteria. If the research involves a group (such as students in a class), members of which may decline to participate, indicate what these non-participants will do while the research is being conducted and indicate how the anonymity of non-participants will be preserved.*

**If you participate, what will you be asked to do?**

*Explain in plain English the procedures in which the participants will be involved, and the frequency and duration of time involvement.*

*If there is any dependent relationship between the researcher and potential participants (e.g. the researcher is also providing clinical care, or is seeking participants who are students in the same department) there must be an explicit statement that no aspect of care, or of grades/ academic relationships will be affected by either refusal or agreement to participate. It should be made clear that participation is voluntary.*

*Reimbursement of expenses for participation, e.g. for expenses of participation or for travel is permitted; the terms and conditions should be clearly stated.*

**Is there any risk of discomfort or harm from participation?**

*If the research involves any procedure that might cause physical, psychological, or social discomfort or harm, the nature and size of the risk should be made clear. The steps taken by the research team to minimise risk, and to manage any adverse event, should be described.*

**What specimens, data or information will be collected, and how will they be used?**

*Explain how, where, and for how long any body fluids or other tissue specimens will be stored, and what the arrangements will be for their disposal. If it is proposed that such materials will be retained beyond the completion of this project, and may be used for future research as yet unspecified, explain how participants will have the opportunity to consent, or refuse consent, for that to happen.*

*Explain how, where, for how long and in what format data will be stored and subsequently destroyed. Give participants the choice of disposal with a Karakia (M*ā*ori Prayer). If data will be retained beyond the completion of the research for which it was collected, explain why. State if data is to be transferred to a public repository.*

*If audio, video, electronic, or other means of recording are involved this should be indicated. If such recording is optional, explain how participants will have the opportunity to consent, or refuse consent, for that to happen.*

**What about anonymity and confidentiality?**

*If it is intended that a participant’s recordings (audio, video, or pictures) can be reviewed by the participant, the researcher should explain the process.*

*Explain how the reporting of the completed research will strive throughout to preserve confidentiality and anonymity, by the use of code numbers and secure data management.*

*If third parties are involved (for example, in transcription, translation, editing or cultural comment), indicate who will view the data, for what purpose, and how confidentiality of information and participation will be preserved.*

**If you agree to participate, can you withdraw later?**

*If participants are to be named or identified, they must give an express waiver in addition to, and separate from, the Consent Form.*

*You may withdraw from participation in the project before its completion (specify a date if necessary).*   
*The information sheet will need to explain if there is a specific time after which the participant cannot withdraw (i.e. de-identified information is already integrated into the study.)*

**Any questions?**

If you have any questions now or in the future, please feel free to contact either:

|  |  |
| --- | --- |
| **Name**  **Position**  **Department** | Contact phone number:  ……………………………… |
| **Name**  **Position**  **Department** | Contact phone number:  ……………………………… |
| **Name**  **Position**  **Department** | Contact phone number:  ……………………………… |

*This study has been approved by the University of Otago Human Ethics Committee (Health) -Te Pae Matatika Tangata (Hauora), Ōtākou Whakaihu Waka . If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (phone +64 3 479 8256 or email humanethics@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.*