



VICTORIA UNIVERSITY OF
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AUT



Looking at the early experiences of disabled people using the assisted dying service in Aotearoa New Zealand



Consent form

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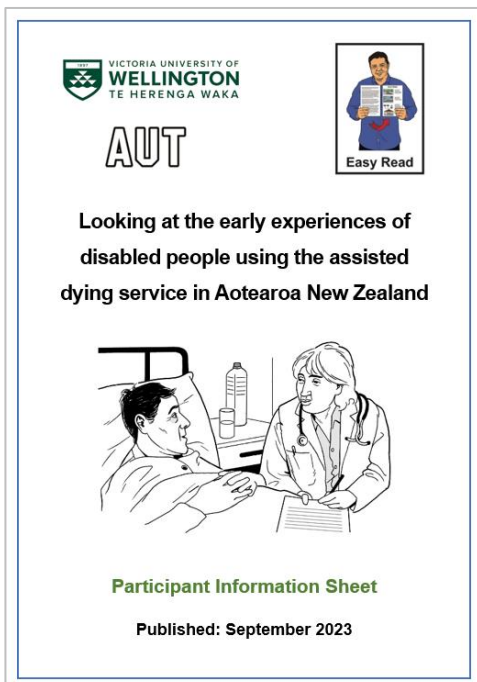
Before you sign the consent form



This Easy Read document is a **consent form**.

Consent means saying:

- yes to taking part in this study
- you understand what it means to take part in the study.



1. Before you fill in and sign this consent form you need to read the **Participant Information Sheet**.

I have read and understand what is said in the the Participant Information Sheet:

Please tick your answer:

Yes

No



2. I have been given enough time to think about whether I want to take part in this study.

Please tick your answer:

Yes

No



3. If I wanted to I have been able to talk about the study with a:

- **legal representative like a lawyer**
- **whānau / family member**
- **friend.**

Please tick your answer:

Yes

No

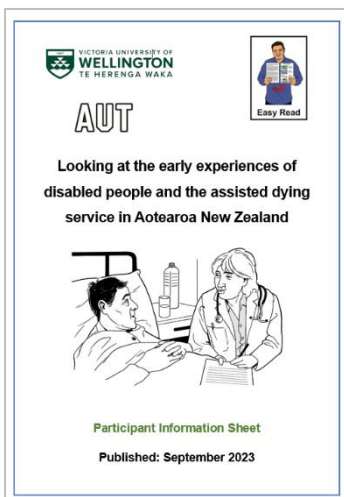


4. I am happy with the answers to my questions about the study.

Please tick your answer:

Yes

No



5. I have my own copy of the:

- **Participant Information Sheet.**
- **Consent Form.**



Please tick your answer:

Yes

No



6. I understand:

- **it is my choice to take part in the study**
- **that I can stop taking part at any time.**

Please tick your answer:

Yes

No



- 7. I understand that I can withdraw my information up until the start of data analysis and that the information collected about me up to that point may continue to be used.**

Please tick your answer:

Yes

No



8. I understand that:

- **my taking part in this study is confidential**
- **my personal information will not be used in any reports on this study.**

Please tick your answer:

Yes

No



9. I understand my responsibilities / the things I need to do to take part in the study.

Please tick your answer:

Yes

No



10. I agree to the interview being audio-recorded.

Please tick your answer:

Yes

No



11. I would like Kate to be at my interview – this is only if you live in Auckland.

Please tick your answer:

Yes

No

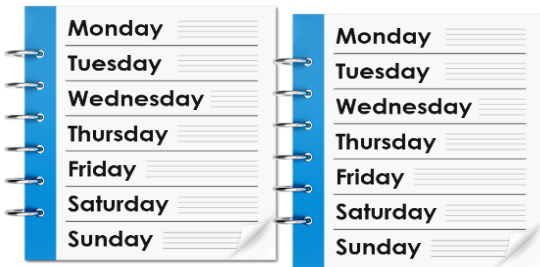
12. I want to read through a copy of the interview transcript.



Please tick your answer:

Yes

No



13. I understand that I have 2 weeks to let you know of any changes changes that I would like to the interview transcript.

Please tick your answer:

Yes

No



14. I want to get a summary of the results from the study / the report.

Please tick your answer:

Yes

No

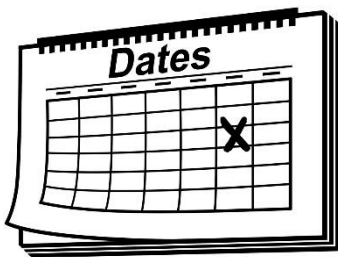
**Participant declaration /
agreement: I give consent to
take part in this study.**



My full name is:



Signature:



Date:



Email:

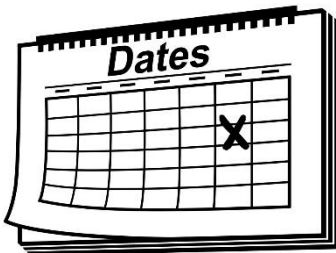
**Agent declaration / agreement:
As the agent of the participant
I assisted the participant to do
this consent form**



My full name is:



Signature:



Date:



Email:

Research team declaration / agreement: I have talked to participant about the study and answered their questions.

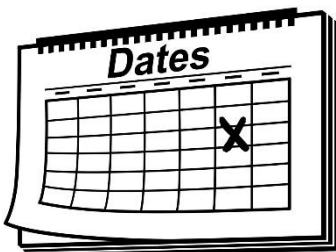
I believe that the participant understands the study and has given informed consent to take part in the study.



Researchers name:



Signature:



Date:



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