

Consent Form



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

PARTICIPANT'S COPY

Research Project:

Name of Researcher:

Name of Supervisor (if applicable):

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Nicola Starkey, phone: 838 4466 ext.6472, e-mail nstarkey@waikato.ac.nz)

Participant's Name: _____ Signature: _____ Date: _____

Consent Form



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

RESEARCHER'S COPY

Research Project:

Name of Researcher:

Name of Supervisor (if applicable):

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee.

Participant's Name: _____ Signature: _____ Date: _____