**Disabled People’s Experiences of**

**Abortion Services in Aotearoa New Zealand**

**He Puka Tono**

Interview Participant Interest Form

Tēnā Koe,

**Mā tētahi atu koe e āwhina**

If you want to take part in an interview and would like help filling out the Participant Interest Form you can:

● Phone the research team (0800 878 839)

● Email Lydie Schmidt to arrange a time to fill out the form together (lschmidt@donaldbeasley.org.nz)

**Māu taua nei puka tono e whakakī**

If you want to fill out the form yourself, you can:

● Complete the questions online [insert link]. When you have finished, your answers will be sent directly to the research team.

● Download this Word Doc, fill out the questions and email it back to the research team (English or Te Reo Māori)

● Print this Word Doc, fill it out, and post it to the research team using the address at the end of this form (English or Te Reo Māori)

● Video or audio record your answers and email the file to the research team (English or Te Reo Māori)

If you would like to register your interest in this research in New Zealand Sign Language, you can:

● Video record your responses through SeeFlow, who will translate your responses into English and send them directly to the DBI:

https://seeflow.co.nz/direct

It is ok to ask a friend, family member or a support person to help you fill out the form if you want to.

**Please answer the following questions. We need this information to make sure the people who take part in the interviews have a range of backgrounds and experiences. We will not use this information as part of the research.**

**Pātai 1** (Question 1)

**Ikoa** / Name:

**Waea** / Phone number:

**Īmēra** / Email:

**Wāhi Noho** / Address:

**Te Rā i Whānau mai koe** / Date of Birth:

**Pātai 2**

**Tuakiri ā-ira** / What is your gender?

* Please describe:
* Prefer not to disclose

**Pātai 3**

**Taku tūikoa noa /** I identify as:

* Tāngata whaikaha
* Whānau hauā
* A disabled person
* Takata Turi / A D/deaf person
* Non-disabled
* Whānau, family, aiga or close supporter of a disabled person
* Other (please specify)

**Pātai 4**

Please briefly describe your/their disability:

**Pātai 5**

**Mātāwaka** / Ethnicity (please tick all that apply):

* Māori
* NZ European / Pākehā
* Fijian
* Tongan
* Cook Island Māori
* Samoan
* Niuean
* Indian
* Chinese
* Other (please specify)
* Prefer not to disclose

**Pātai 6**

Do you know the name(s) of your iwi (tribe), hapū (sub-tribe) and marae? If yes, please provide as much detail as you can below. If you do not know, or this question is not applicable, please continue to the next question.

Iwi:

Hapū:
Marae:

Location:

**Pātai 7**

Where in Aotearoa New Zealand do you live?

**Pātai 8**

Living Situation (please tick all the boxes that apply to you)

* I live with my partner
* I live by myself
* I live in a flat with other people
* I live in a house with staff support
* I live with my family
* I live with extended family/whānau/aiga
* I board with another family
* I live in social housing
* I own my own home
* I don’t have a place to live
* Other (please specify)
* Prefer not to disclose

**Pātai 9**

Do you receive any regular disability supports or services? Please explain:

Thank you for registering your interest in this research. One of our team will be in contact soon. In the meantime, if you have any questions or concerns, please contact the researcher listed below.

**Kā mihi nui ki a koe, hei konā mai.**

**Lydie Schmidt** (Kairuruku / Research Assistant)

**Waea mai** / Free phone: 0800 878 839

**Īmēra mai** / Email: lschmidt@donaldbeasley.org.nz

www.donaldbeasley.org.nz

**Wāhi Mahi** / Postal Address: Suite 4, Level 2

 248 Cumberland Street

 Dunedin 9016, New Zealand

**Kōrero Whakamārama**

We have chosen to apply the Kāi Tahu dialect when writing in te reo Māori. This means that the ng is replaced with a k (for example: whakarongo is changed to whakaroko). We have underlined the k whenever this has been applied.