



DONALD BEASLEY
INSTITUTE



Making a plan to stop the abuse of wāhine whaikaha, Deaf/deaf and disabled women



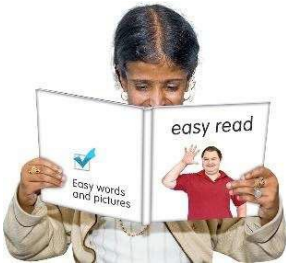
Consent form

May 2023

Consent Form



If you want to take part in this study, please read this form or have someone read it to you.



It tells you what **your rights** are as a research participant.

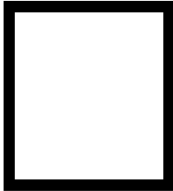


If you sign the form you are saying you want to take part.

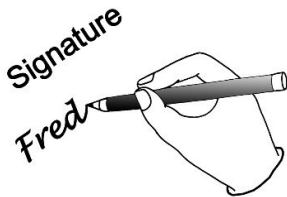
Consent Form



Please tick the boxes to show you agree with what the words next to them say.



If you do not agree with what the words next to the boxes say you need to leave the box blank.



You need to sign your name on the line at the end of the form to give consent.



Please tick 1 answer for this question:



I have read the information about the research.



I have had the information about the research read to me.



Please tick the box if you agree with what is written next to them:



I know what the information I have been given means.



I have had enough time to decide if I want to take part in the research.



I have been able to have a person I trust with me when I learned about the research.



I am happy with the information I have been given about the research.



Please tick the box if you agree with what is written next to them:



I have a copy of the Information Booklet and this Consent Form.



I understand that taking part in this research is my choice.



I understand that I may choose to stop being part of the research at any time.



If I choose to stop being part of the research, I understand it is my choice whether the researchers use what I have already told them.



Please tick the box if you agree with what is written next to them:



I agree to the research team writing about and talking about what I tell them.



I understand that I must only talk about myself, and not talk for other people.



I will not share what I heard in this interview with other people.



I understand that other people will not know who I am from what is shared in the report.



Please tick the box if you agree with what is written next to them:



I understand the research team will not talk to anyone else about what I have told them unless:

- I am in danger
- Someone else is in danger.



I understand that the research team will talk to me first if they are worried about me.



Please tick the box if you agree with what is written next to them:



I agree to this interview being recorded.



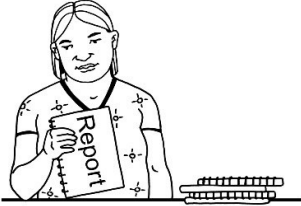
I know who to contact if I have any questions about the research.



I understand what I need to do if I take part in the research.



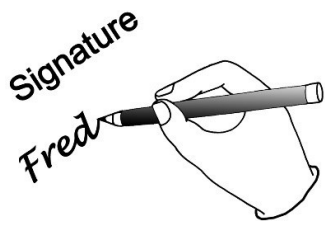
Please tick the box if you agree with what is written next to them:



I want a copy of what is found out during the research when it is finished.

Yes

No



By Signing this you agree to be part of the research.



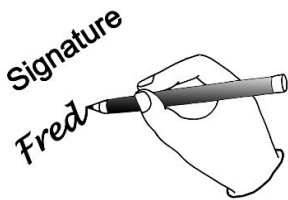
I give my consent to take part in this research.



Your name:

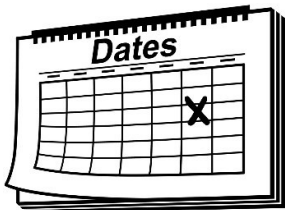
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Your signature:

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Date you signed this form:

.....

This part needs to be filled in by a member of the **Donald Beasley Institute research team.**



I have talked to the person who wants to take part in the research project.



I have answered their questions about the research project.



I believe that they understand the research.



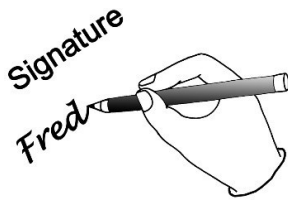
I believe they have given informed consent to be part of the research.



Researcher's name

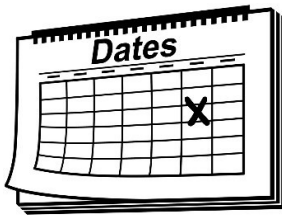
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Signed:

.....



Date:

.....

He mea tuhi tēnei nā te *Donald Beasley Institute*.



Kua whakamāmāhia te pānui nei nā te ratonga *Make It Easy*, nā, Ngā Tāngata Tuatahi.



Ehara ngā whakaaro ki roto i tēnei tuhinga i te whakaaro o Ngā Tāngata Tuatahi.



Kua tīpakohia e *Make It Easy* ngā whakaahua nā:

- Changepeople.org



- Photosymbols.com



- Sam Corliss



E noho ana ngā whakaahua o te tuhinga ‘Māmā te Pānui’ nei ki raro i te ture o te mana pupuri, ā, e kore e whakamahia ki te kore e whakaaetia.