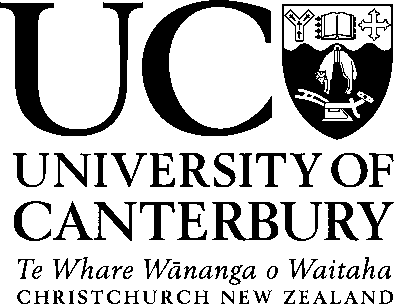
## Consent Form



Department: **College of Education, Health, and Human Development – Health Sciences**

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Email: **fazeela.mohamed@pg.canterbury.ac.nz**

Date:

HEC Ref:

# Project title: Access to primary healthcare and ambulatory care sensitive hospitalisations.

**Consent Form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Respondent ID)**

* I have been given a full explanation of this project and have had the opportunity to ask questions.
* I understand I have to answer the questionnaire voluntarily, if I agree to take part in the research.
* I understand I have the right to withdraw before commencement of the interview and during the interview. I understand once the data is entered in the system, researcher will be unable to locate my specific information and therefore cannot delete it.
* I understand that any information I provide will be kept confidential; my identity will not be revealed to anyone; and my contribution will remain anonymous.
* I understand that the results will be published as a doctoral thesis. A thesis is a public document and will be available through the University of Canterbury Library.
* I understand that the information I give will be stored securely for10 years.
* I understand that there are no conceived risks and I have been advised to contact my primary healthcare provider if I become concerned about my condition.
* I understand that my answers will be stored securely.
* I understand that I can contact the researcher Fazeela Mohamed or supervisors Arindam Basu and Wendy Maddocks for further information via contact details below:

**Fazeela Mohamed**

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Phone: +64 02102701241  
Email: [wendy.maddocks@canterbury.ac.nz](mailto:wendy.maddocks@canterbury.ac.nz)

* If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch ([human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz))
* I understand that this consent form will be photographed and uploaded to the computer and it will be stored in password protected file. I am given the hardcopy of the consent form.
* By signing below, I agree to participate in this research project.

Name: Signed:

Date:

* I would like a summary of the results of the project. I am aware that a summary of the results will be mailed to my address given below.

Mail address (email / physical address)