

# Consent Form

*Project title:* **Class research project: Comp719**

*Project Supervisor:* **Dr Robert Wellington**

*Researcher:* Andre Cowie, Ben Smith, Ben Son

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 16/10/2017.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ☐ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a summary of the research findings (please tick one): Yes ☐ No ☐

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

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Date:

**Approved by the Auckland University of Technology Ethics Committee on 11<sup>th</sup> August 2016, AUTEK Reference number 16/275.**