

***Assisted Dying***

***Stakeholder Interviews***

**CONSENT FORM**

This consent form will be kept for 5 years.

**Researcher:** Dr Jessica Young, School of Health*,* Te Herenga Waka—Victoria University of Wellington*.*

**Research Assistant:** Sophie Beaumont, School of Health*,* Te Herenga Waka—Victoria University of Wellington*.*

• I have read the Information Sheet and the project has been explained to me. My questions have been answered to my satisfaction. I understand that I can ask further questions at any time.

• I agree to take part in a recorded interview.

I understand that:

• I may withdraw from this study at any point before **31st July 2022**, and any information that I have provided will be returned to me or destroyed.

• The findings may be used for academic/professional publications, presented to conferences, disseminated to the Ministry of Health, and may be in a media release.

* The video recording will be kept confidential to the researcher and the research assistant; the audio-recording will be shared with a third-party transcriber who has signed a confidentiality agreement.

**Level of Confidentiality (please select one option)**

Do you wish to be identified in this research (by name and job title): Yes ☐ No ☐

* I understand that by choosing to be identified my contributions will be attributed to my name and job title in any academic/professional publications, conferences, dissemination to the Ministry of Health, and media releases.

Do you wish to have your identity kept confidential: Yes ☐ No ☐

I understand that:

* The identifiable information I have provided will be destroyed on **31st July 2022**.
* Any information I provide will be kept confidential to the researcher and the research assistant.
* My name will not be used in reports and utmost care will be taken not to disclose any information that would identify me.

**Further Notifications**

* I would like a copy of the transcript of my interview: Yes  No

• I would like to receive a copy of the research article from this study: Yes  No

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_