The School of Nursing  
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New Zealand  
Email: [fmhs@auckland.ac.nz](mailto:fmhs@auckland.ac.nz)

**Consent form**

*(THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS)*

**Exploring virtual visiting to improve equity of family access to intensive care.**

**Researcher:**

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| **Principal investigator: Dr Rachael Parke RN, MHSc, PhD**  Associate Professor, School of Nursing, The University of Auckland Nurse Senior Research Fellow, Cardiothoracic and Vascular Intensive Care Unit, Te Toka Tumai Auckland. |

**By signing this consent form I am indicating that:**

I have been given sufficient time to consider whether or not to participate in this study and to ask questions and was offered support from whānau/family or a friend to help me understand what the study involves. I am satisfied with the answers given to me, I understand the nature of the research and why I have been invited to participate.

* I understand that taking part in this study is voluntary and that I may withdraw from the research at any time, and I do not need to explain why I want to withdraw from the research.
* I understand that I will be involved in a semi-structured interview process to discuss my experience regarding the research topic.
* I understand that each interview may last up to 90 minutes but may be shorter depending on the depth of the discussion.
* I consent to the research staff collecting and processing my information.
* I understand I am free to withdraw any data traceable to me up to 2 weeks following my interview without needing to provide a reason.
* If I decide to withdraw from the study, **I agree / do not agree** that information collected up to the point when I withdraw may continue to be processed. *(please circle one)*
* I agree to being voice recorded during the interview and for notes to be taken by the researcher during the interview.
* I understand that I can ask for the recording to be stopped at any time without giving a reason.

**I wish / do not wish** to have a copy of my recording returned to me *(please circle one)*

* **I wish/do not wish** to receive a copy of the interview transcript for editing *(please circle one)* I understand that I can edit this transcript and return to the researcher within one week of receiving it.

If yes, please indicate how would you like to receive the transcript.

Email/postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that a third party who has signed a confidentiality agreement will transcribe the audio recording into written, de-identified format.
* I understand that my participation in this study is confidential and that no material which could identify me personally will be used in any reports on this study.
* I understand that data collected from this study will be securely stored for a period of six years, after which time it will be destroyed as per University of Auckland protocols.
* **I wish / do not wish** to receive the summary of findings *(please circle one and provide an email or postal address if you wish to receive the summary).*

Email/postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I know who to contact if I have any questions about the study in general.

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| --- | --- |
| Participant’s name: |  |
| Signature: |  |
| Date: |  |

Please complete and return this consent form to the researchers via the following options:

* Hardcopy using the return envelope
* Electronic copy by email to [k.mason@auckland.ac.nz](mailto:k.mason@auckland.ac.nz)

Approved by the Auckland Health Research Ethics Committee on 29th April 2024 for three years. Reference number [#27282].