

School of Psychology, Speech & Hearing
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**Cleft Clinic Pilot Treatment End Interview and Clinical Note Release
Consent Form for Participants**

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary and I may withdraw at any time without consequences. Withdrawal of participation will also include the withdrawal of any information I have provided should this remain possible.
- ☐ I understand that any information or opinions I provide will be kept confidential to the research team and will not be shared with my treatment team. I understand that any published or reported results will not identify me.
- ☐ I understand that a thesis is a public document and will be available through the UC Library. I also understand that direct quotes that I say may be used in a publication, and that although these will not identify me, it might be possible for me to recognise my own quote.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form. I understand the data will be destroyed after ten years.
- ☐ I understand the risks associated with taking part and how they will be managed.
- ☐ I agree to being audio recorded. I understand how this recording will be stored and used. I understand that the recording will be deleted immediately following transcription.
- ☐ I understand that I can contact the researcher, Kenny Ardouin (kenny.ardouin@pg.canterbury.ac.nz) or supervisor, Phoebe Macrae (phoebe.macrae@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Research Ethics Committee, Private Bag 4800, Christchurch (email: human-ethics@canterbury.ac.nz).
- ☐ I would like a summary of the results of the project.
- ☐ I **agree** to the research team accessing my clinical notes for the purpose of evaluating the goals that were worked on during therapy; **OR**;
- ☐ I **do NOT agree** to the research team accessing my clinical notes for the purpose of evaluating the goals that were worked on during therapy.
- ☐ By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address (for report of findings, if applicable): _____

Thank you – please hand this signed form back to the researcher at your interview.