

Project Title: Addressing Loneliness in Aotearoa New Zealand

Researchers:

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Rauawaawa
Kaumātua Charitable Trust



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato



Addressing Loneliness in Aotearoa – New Zealand

Consent Form for Participants

I have read the **Participant Information Sheet** for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any time.

I also understand that I am free to withdraw from the study at any time, or to decline to answer any questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the **Participant Information Sheet**.

I agree to participate in this study under the conditions set out in the **Participant Information Sheet**.

I consent to the information collected to be used for the purposes of this research study.

I agree to my responses being audiotape recorded.

Participant's Signature: _____

Participant's Name: _____

Date: _____

Contact Information

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