



## Consent Form

### **Tele-health wheelchair and seating assessment: A survey & interview study**

**Please read and then tick the box to indicate your consent to participate in this study**

I have read and I fully understand the Participant Information Sheet.	✓
I have been given sufficient time to consider participating in this study.	✓
I have been given opportunity to discuss participating in this study with Whanau/family, friends and my support group.	✓
I have been given opportunity to ask questions regarding study and I am satisfied with answers I have been given regarding study.	✓
I understand that my participation in this study is voluntary and that I may withdraw from the study at any time.	✓
I understand as a participant I will be expected to complete a questionnaire and/or participate in focus group discussion, to best of my ability.	✓
I have been assured that if I am uncomfortable with any question/s in survey or focus group, I may refuse to answer this question/s or withdraw from study.	✓
I understand my participation in this study is confidential, no information identifying me will be used in publication or provided to any external or commercial organization.	✓
I saved a copy of the participant information sheet if I wish to have one*. I have been provided with contact details of research team if I have any questions about the study. [Note to ethics *PIS available for download electronically]	✓

**I consent to participate in this study**