



## **CONSENT FORM FOR MODEL DRUG LAW. A PATH TO BETTER DRUG LAWS FOR AOTEAROA WORKSHOP**

**Please read the following carefully before signing and dating this Consent Form**

- I have read or have had read to and I understood the Participant Information Sheet.
- I have been given sufficient time to ask questions and consider whether or not to participate in this study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time, up until 72 hours have passed after the workshop has ended.
- If I withdraw, I understand that the information I have shared may still be used in this research and in the subsequent reports if it provides context for other participants' contributions,
- I understand that I will be asked to participate in the workshop as described in the Participant Information Sheet.
- 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 know who to contact if I have any questions about the study in general.
- I agree not to share the information from other participants that was shared with me in the course of the workshop.
- I would like a copy of the final report  YES  NO

Name and signature of participant:

Date:

Email address for the report:

**Declaration by member of research team: (if applicable)**

I have given a verbal explanation of the research project to the participant and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Name and Signature of researcher:

Date: