**Consent**

I, …………………………………………………... (full name), understand that I am being asked to participate in research being conducted by staff from Internal Affairs and MBIE.

**I can withdraw at any time.**

I understand that my participation in this session is completely voluntary and I am free to withdraw at any time before or during the session.

**I can choose not to answer questions.**

I understand that I can choose not to respond to questions that I would rather not answer.

**Confidentiality, use and security of the information you provide us.**

I understand that the information I provide during this session:

* Will be made anonymous.
* Information such as quotes from this research may be shared among other government organisations without asking permission from you.
* All personal details will be kept confidential and in a secure environment.
* An electronic copy of this form will be kept for audit purposes but your personal details will not be kept for future use outside this research.
* The information you share will not jeopardise/impact your eligibility, entitlements or personal service.

**Consent to participate in the session**

I have read, or been read the information above and by signing below; I am consenting to participate in this session.

Full name Signature

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Date

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Witness Signature

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