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## Consent Form

*This form will be held for a period of six years*

### What do employers want from health informaticians?

**Principal Investigator** Dr Karen Day

**Co-investigator** Dr Kerryn Butler-Henderson

**Summer scholarship student** Ria George

I have read the Participant Information Sheet and have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to participate in an interview as part of this research.
- My participation is voluntary.
- I understand that my interview contributions can be withdrawn before 10 December 2017.
- I understand that my information will not be identifiable in presentations or publications, with the possibility that some quotes may be recognised by someone who knows me.
- I understand that my contributions will be kept confidential.
- I agree to the collection of the data and its storage for six years, after which it will be destroyed.
- Please send me a copy of the transcript of the interview so that I can edit it. I will return the edited transcript within three working days.  Yes please  No thanks
- I wish to receive a copy of (indicate which applies)
  - a summary report of the research
  - the publication,which can be emailed to me at \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by the University Of Auckland Human Participants Ethics Committee on 12/9/2017 for three years. Reference Number 019745.