**Project Title**

Supports and challenges experienced by domestic nursing students and internationally qualified nurses (IQN’s) entering New Zealand

**Participant Consent Form**

(one copy to be retained by the Research Participant and one copy to be retained by Researcher)

I…………………………… (participant’s name) consent to being a participant in the above named research project, and I attest to the following:

1. I have been informed fully of the purpose and aims of this project
2. I understand the nature of my participation
3. I understand the benefits that may be derived from this project
4. I understand that I may review my contributions at any time without penalty
5. I understand that I will be treated respectfully, fairly and honestly by the researcher/s, and I agree to treat the other participants in the same way
6. I understand that I will be offered the opportunity to debrief during, or at the conclusion of this project
7. I have been informed of any potentially harmful consequences to me of taking part in this project
8. I understand that I may withdraw from the project at any time (without any penalties)
9. I understand that my anonymity and privacy are guaranteed, except where I consent to waive them
10. I understand that information gathered from me will be treated confidentially, except where I consent to waive confidentiality
11. I agree to maintain the anonymity and privacy of other participants, and the confidentiality of the information they contribute.
12. I understand that the information gathered may be used for publication. i.e. journal, conference

Participant……………………………………………………………Date……………

Principal Researcher…………………………………………………………..Date…………….