

Sleep/Wake Research Centre Moe Tika, Moe Pai College of Health Massey University PO Box 756 Wellington 6140 04 979 3997

When the school bell rings: Sleep timing and circadian phase during the school year

PARTICIPANT CONSENT FORM

This form will be securely held by the Sleep/Wake Research Centre for five (5) years.

Researchers from the Sleep/Wake Research Centre have adequately answered any and all questions I have about this data collection effort, my participation, and the procedures involved. I understand that I may contact researchers from the Sleep/Wake Research Centre to answer additional questions at any time during my participation.

I understand that records of my participation will be kept confidential, and that I will not be identifiable by name or description in any reports or publications about this project.

I understand that I may withdraw from participation at any time without penalty. I also understand that the researcher may stop my participation in the study or exclude my data if I no longer meet study criteria.

I <u>wish/do not wish</u> to be contacted when data analyses are complete to uplift the unused portion of my saliva samples. I understand I will need to retain my ID number to identify my samples, and that I will have 3 months to uplift the samples from the researcher.

I understand that de-identified data from all participants in this study may subsequently be used in conjunction with data from other studies to improve our understanding of sleep in secondary school students.

I <u>wish/do not wish</u> to have de-identified data placed in an official archive. *Note there is no currently identified external archive in which to place data, though it is possible that in the future such an archive will become available.*

I have read and received a copy the study Information Sheet and had the details of the study explained to me. I understand its contents, my questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

| Signature: | Date: |
|---------------------|-------|
| | |
| | |
| | |
| Full Name - printed | |
| • | |