



MASSEY UNIVERSITY  
COLLEGE OF SCIENCES  
TE WĀHANGA PŪTAIAO

***O tatou tamariki, nga Kaitiaki Taiao.  
Our children, our environmental guardians***

**PARTICIPANT CONSENT FORM – PARENTS/CAREGIVERS**

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

I understand that the GPS tracking data will be edited to protect my anonymity. However, I also understand that I have the option of making the unedited GPS data (that may include the location of my house) available to the child participating in this research.

- OPTIONAL: By ticking the box at the end of this statement I am agreeing to provide the unedited GPS data recorded from my cat to the child named on this form. I will receive a map of my neighborhood showing the movement data from my cat. ☐
- OPTIONAL: Ticking the box at the end of this statement means that I want the unedited GPS data recorded from my cat sent to me via email using the address I provide below. ☐
- OPTIONAL: By ticking the box at the end of this statement I am agreeing to allow the research team from Massey University to upload the GPS data recorded from my pet cat to Movebank.org ☐

I understand that the Ministry of Business, Innovation and Employment (MBIE) is funding this research through the Unlocking Curious Minds Scheme, and that MBIE would like to contact me for two short surveys about the value of science to society. MBIE are collecting data from all Unlocking Curious Minds projects that are running in 2017 around New Zealand to understand the value of these projects. MBIE will use these data to learn about the backgrounds of people who are participating in these projects, and to understand how these projects may change perceptions about science in society. NOTE: GPS tracking data will not be sent to MBIE.

- OPTIONAL: By ticking this box I am agreeing to be contacted by MBIE about the two surveys using the email address I provide below. ☐



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

- Name of child participating in this study \_\_\_\_\_

**Signature:**

**Date:**

**Full Name - printed**

**Email address**