

ASH YEAR 10 SNAPSHOT 2019

Consent Form

Online consent form can be found at: <http://bit.ly/ash-y10-2019>

| | |
|---|---|
| School name | |
| School street address <i>(for courier delivery of questionnaires)</i> | |
| Town/City <i>(Including postcode)</i> | |
| Number of Year 10 students | |
| Number of Year 10 classes | |
| Name of Principal or Deputy | |
| Position <i>(Principal or Deputy)</i> | |
| CONSENT FROM THE SCHOOL PRINCIPAL OR DEPUTY PRINCIPAL | Yes No |
| <i>As the Principal or Deputy Principal, I consent on behalf of all Year 10 students in our school to participate in the ASH Year 10 Snapshot 2019.</i> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>I confirm that I have received a written explanation about the ASH Year 10 Snapshot 2019.</i> | <input type="checkbox"/> <input type="checkbox"/> |
| <i>I consent to my school's data from the Year 10 Snapshot 2019 being shared with the local Public Health Unit.*</i> | <input type="checkbox"/> <input type="checkbox"/> |
| Date: | Signed: |
| CONTACT PERSON'S DETAILS <i>(Contact who will administer the ASH Year 10 Snapshot 2019 & return questionnaires to ASH NZ on completion)</i> | |
| Name of contact person | |
| Position | |
| Email address | |
| School phone # | |

Please return consent form in the pre-paid envelope by post or email (scanned copy) to:

Sally Wong – Researcher
ASH NZ, PO Box 11 852, Ellerslie, Auckland 1542
Email: swong@ash.org.nz

THANK YOU FOR YOUR PARTICIPATION!

* Please note that schools who return 10 or fewer questionnaires from the ASH Year 10 Snapshot 2019 will not receive their school's data from the survey and it will not be shared with the local Public Health Unit to maintain anonymity, but please remember that your school's participation is still important.

new zealand
youth tobacco
monitor