

Feedback form

Please provide your contact details below.

Name:	
If this feedback is on behalf of an organisation, please name the organisation:	
Please provide a brief description of the organisation if applicable:	
Address/email:	
Interest in this topic (eg, user of fertility services, health professional, researcher, member of the public):	Member of Public

We will place all feedback on ACART's website, except where we are asked that feedback be withheld in full or part for reasons of confidentiality. We will remove contact information from all feedback.

☐ I **request** that my feedback be withheld in full or part from publication on ACART's website. (If you wish a part to be withheld, please clearly indicate which part.)

Please note that all feedback may be requested by any member of the public under the Official Information Act 1982 (the Act). If there is any part of your feedback that you consider should be properly withheld under the Act, please make this clear in your feedback, noting the reasons.

If information from your feedback is requested under the Act, the Ministry of Health (the Ministry) will release your feedback to the person who requested it. The Ministry will remove your name and/or contact details from the feedback if you check one or both of the following boxes. Where feedback is on behalf of an organisation, the Ministry will not remove the name of the organisation.

☒ I **do not** give permission for my name to be released to any person under the Official Information Act 1982.

☒ I **do not** give permission for my contact details to be released to any person under the Official Information Act 1982.

We will acknowledge all feedback.

Sorry for my writing - I have been diagnosed as having "essential tremor"