

Autistica/Turing citizen science project: Consent form

Tick to agree

I have been told about the research I am taking part in. I have had a chance to ask questions and I understand that taking part is voluntary, and that I can stop taking part at any point without having to give a reason. ☐

I understand that I can contact Dr Kirstie Whitaker (kwhitaker@turing.ac.uk) or Bethan Davies (bethan.davies@autistica.org.uk) at any time to talk about my involvement in the project. ☐

I understand that I can report an issue or any misconduct to one of the facilitators present. If I do not feel comfortable reporting to a facilitator, I can contact Dr James Cusack (james.cusack@autistica.org.uk). ☐

I can see, and I agree to follow, the code of conduct for this project for as long as I am involved in it. ☐

I am happy for sound recordings to be made during the sessions. I understand that they will be sent to a professional transcription service to be written out and used by the research team to learn from the conversation today. ☐

I understand that the recording will be deleted after transcription no more than 3 months from now. The transcription will have no names associated with it and will not be made public. ☐

I give permission for the research team to use the transcript and their notes from the session today to write a summary of the conversation. ☐

I understand that a summary of this session will be published online in a way that does not identify any participant. I agree that it can be used to inform research publications. ☐

I understand that I will have the opportunity to review this summary before it is made public. ☐

I would like to take part in today's session. ☐

I agree for my personal information, provided below, to be used to contact me in future and to reimburse me for my participation in today's session. I understand that all personal information will remain confidential. ☐

Name: First name Surname

Date of Birth: ☐ Male ☐ Female ☐ Other

Contact email:

Contact address:

Contact phone: Daytime phone Evening phone

Name of guardian: Forename Surname

Signature: Date: