THE UNIVERSITY OF SYDNEY

School of Architecture, Design and Planning

ABN 15 211 513 464

Dr Kazjon Grace
Senior Lecturer in Computational Design &
DECRA Fellow

Room 283
Wilkinson Building, G04
The University of Sydney
NSW 2006 AUSTRALIA
Telephone: (02) 9351 2222
Email: kazjon.grace@sydney.edu.au
Web: http://www.sydney.edu.au/

Creator/Evaluator
PARTICIPANT CONSENT FORM

I, ... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.

✓ I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.

✓ The researchers have answered any questions that I had about the study and I am happy with the answers.

✓ I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney now or in the future.

✓ I understand that I can withdraw from the study at any time.

✓ I understand that I may stop the workshop at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.

✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

✓ I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

Please sign the following page.

Creator/Evaluator
Version 1 [12/01/2022]

I consent to:

- **Participating in a design workshop** YES ☐ NO ☐
- **Audio recording (externally transcribed)** YES ☐ NO ☐
- **Screen recording** YES ☐ NO ☐

PRINT name: _____

Signature: _____

Date: _____/_____/_____