

CONSENT FORM



University of
Nottingham

UK | CHINA | MALAYSIA

Date: May – June 2020

Project: Curating the Audience PhD Project

School of Computer Science Ethics Reference: CS-2018-R68

Funded by: Horizon CDT UKRI Grant No. EP/L015463/1

Please tick the appropriate boxes

Yes

No

1. Taking part in the study

- | | | |
|---|--------------------------|--------------------------|
| a) I have read and understood the project information sheet dated May - June 2020, or it has been read to me. I have been able to ask questions about the study and my questions have been answered satisfactorily. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason. If I withdraw, I understand that my individual data will be deleted, but that my data including other people will not be deleted. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I understand that taking part in the study requires me to provide data and that this will involve audio recordings taken during focus groups, and some basic demographic/personal data. | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I give permission to be contacted at a later date for a follow-up, individual interview. | <input type="checkbox"/> | <input type="checkbox"/> |

2. Use of my data in the study

- | | | |
|---|--------------------------|--------------------------|
| a) I understand that my name will not be associated with any data | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I agree that the data provided by me may be used for the following purposes: | | |
| – Presentation and discussion of the project and its results in research activities (e.g., in supervision sessions, project meetings, conferences). | <input type="checkbox"/> | <input type="checkbox"/> |
| – Publications and reports, including a PhD thesis describing the project and its results. | <input type="checkbox"/> | <input type="checkbox"/> |
| – Dissemination of the project and its results, including publication of data on web pages and <i>databases</i> . | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I give permission for my words to be quoted for the purposes described above. | <input type="checkbox"/> | <input type="checkbox"/> |

Please tick the appropriate boxes

Yes No

3. Reuse of my data

- | | | |
|--|--------------------------|--------------------------|
| a) I give permission for the data that I provide to be reused for the sole purposes of future research and learning. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I understand and agree that this may involve depositing my anonymised data in a data repository, which may be accessed by other researchers | <input type="checkbox"/> | <input type="checkbox"/> |

4. Security of my data

- | | | |
|---|--------------------------|--------------------------|
| a) I understand that safeguards will be put in place to protect my identity and my data during the research, and if my data is kept for future use. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I confirm that a written copy of these safeguards has been given to me in the University's privacy notice, and that they have been described to me and are acceptable to me. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I understand that no computer system is completely secure and that there is a risk that a third party could obtain a copy of my data. | <input type="checkbox"/> | <input type="checkbox"/> |

5. Copyright

- | | | |
|--|--------------------------|--------------------------|
| a) I give permission for data gathered during this project to be used, copied, excerpted, annotated, displayed and distributed for the purposes to which I have consented. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

6. Signatures (sign as appropriate)

Name of participant (IN CAPITALS)

Signature

Date

If applicable:

For participants unable to sign their name, mark the box instead of signing

I have witnessed the accurate reading of the consent form with the participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness (IN CAPITALS)

Signature

Date

I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Name of researcher (IN CAPITALS)

Signature

Date

7. Researcher's contact details

Name: Harriet Cameron

Email: harriet.cameron@nottingham.ac.uk

Supervisor: Prof. Boriana Koleva

Email: pszbnk@exmail.nottingham.ac.uk