Informed Consent for AC41004 – Industrial Team Project[[1]](#footnote-1)

**Yes No**

1. **Taking part in the study**

I have read the Participant Information Sheet, or it has been read to me. I have   
been able to ask questions about the study and my questions have been answered   
to my satisfaction.

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 during   
data collection, without having to give a reason.

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, up until the online survey is submitted; and that

after the survey is submitted it will not be possible to withdraw (as it will not be

possible to link you personally with the information submitted online).

I understand that taking part in the study involves the use of audio recording of  
interviews.

1. **Use of the information in the study**

I understand that information I provide will be used for reports and presentations   
which are related to the research study but no reference will be made to the   
identities of individual participants other than the general demographics*.*

I understand that personal information collected about me that can identify me,   
such as my name or where I live, will not be shared beyond the study team.

I agree that anonymised direct quotes can be used in research outputs.

1. **Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Participant’s Name Participant’s Signature Date

By signing above, you are indicating that you have read and understood the Participant Information Sheet and that you agree to take part in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Researcher Signature of Researcher Date

*For participants who have difficulty reading the Participant Information Sheet and Consent Form, and/or signing the consent form, there is an alternative form of gaining informed consent.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ *[researcher completes participant’s name and date]*

Participant’s Name Date

Participants unable to sign their name should mark the box instead of signing

I have accurately read out the Participant Information Sheet and Consent Form to the potential participant. To the best of my ability, I have ensured that the participant understands what they are freely consenting to and have completed the Consent Form in accordance with their wishes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Researcher Signature of Researcher Date

I have witnessed the accurate reading of the Participant Information Sheet and Consent Form with the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Witness Signature of Witness Date

*If the participant is unable to mark the box but is able to indicate consent orally, or in another manner, then the signatures of the witness and the researcher will be sufficient. In such cases the researcher should indicate below how consent was given:*

Form of consent for participants unable to provide a signature or to mark the box: N/A

1. **Study contact details for further information**

For any enquiries in relation to this study, please contact the following:

|  |  |
| --- | --- |
| **Researcher**  Mr Joel Sieber  BSc in Computing Science  School of Science and Engineering  University of Dundee  Email: jsieber@dundee.ac.uk | **Project Supervisor**  Dr Brian Plüss  School of Science and Engineering  University of Dundee  Email: b.pluss@dundee.ac.uk |

1. **Alternative formats**

If you require a copy of the Participant Information Sheet and Consent Form in alternative formats (e.g. large print, Braille) please let the researcher know: jsieber@dundee.ac.uk.

1. This document is adapted from the UK Data Service Template Form April 2018 retrieved from <https://www.ukdataservice.ac.uk/manage-data/tools-and-templates.aspx> [↑](#footnote-ref-1)