# Testing the use of virtual reality for Independent Travel Training consent form

Consent to take part in testing

* I……………………………………… voluntarily agree to participate in the testing of the proposed virtual reality application.
* As their guardian/carer, I also give consent for ……………………………. to take part
* I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
* I understand that I can withdraw permission to use any data from any focus group discussions, or any recorded session of any kind within two weeks after the study takes place, in which case the material will be deleted.
* I understand that if I do not withdraw from the study, the data will be stored for 5 years in line with the data protection act
* I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
* I understand that participation involves the use of a virtual reality headset
* I agree to the focus group being audio-recorded. This will be recorded, transcribed, then anonymised.
* I understand that all information I provide for this study will be treated confidentially.
* I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.

Printed Name of Carer/guardian participating:

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Signature of Carer/guardian participating:

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Printed Name of Researcher:

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Signature of Researcher:

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Date Time