**Participant Consent Form**

I ………………………………..……… provide my full written informed consent to take part in the interview and demonstration regarding the use of virtual reality to provide independent travel training to people with intellectual disabilities.

I understand the procedures which will take place and agree to answer all interview questions as honestly as possible. I understand that I have the opportunity to ask any questions or communicate and discuss any additional concerns and queries associated with the study. I understand my participation is voluntary and I have the right to withdraw or discontinue participation in the interview and demonstration at any time with no obligation to provide reasons behind the decision. I am aware I have the right to refuse to answer particular questions and my individual privacy will be maintained in all written data resulting from the study. I am assured that during the study all data will be stored as password protected electronic files. Also, I understand that I can withdraw my data after I’ve completed the interview up to three weeks from signing the Statement of Informed Consent.

Finally, I am assured that all information which I have provided and any that is obtained during the course of the study will be treated as private and confidential and only communicated to others with my identity concealed unless stated otherwise, and that all research data will be kept in an anonymised form for up to 5 years in the case of possible publication but will otherwise be destroyed after completion of the project.

🞏 Please tick this box to confirm that you understand that you may withdraw from participation in the usability trial at any stage.

🞏 Please tick this box to confirm that you understand that after participating in the usability trial, you may withdraw your data three weeks from signing the Statement of Informed Consent by contacting the researcher and quoting your unique identification number (where applicable).

🞏 Please tick this box to confirm that you consent to audio recordings to be taken of you during the interview and demonstration.

Participant’s Signature:……………………………………… Date………………….

Witnessed by:………………………………………………Date:………………...

Should you have any questions or desire further information please contact me on N0865554@ntu.ac.uk. If you have any questions, you may also contact my project supervisor James Lewis at Nottingham Trent University at james.lewis@ntu.ac.uk.