**CONSENT FORM**

**Instagram recommendation engine**

Participant Identification Number:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please tick your chosen answer | YES | NO |
| 1 | I confirm that I have read the participant information sheet version 1.0, date 18/02/2025 for the above study. | ☐ | ☐ |
| 2 | I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | ☐ | ☐ |
| 3 | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected. | ☐ | ☐ |
| 4 | I agree to participate in the project to the extent of the activities described to me in the above participant information sheet. | ☐ | ☐ |
| 5 | I understand and agree that data collected during the project will be shared with Manchester Metropolitan University, UK. | ☐ | ☐ |
| 6 | I understand and agree that my words may be quoted anonymously in research outputs. | ☐ | ☐ |
| 7 | I wish to be informed of the outcomes of this research. I can be contacted at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ | ☐ |
| 8 | I give permission for the researchers named in the participant information sheet to contact me in the future about this research or other research opportunities. | ☐ | ☐ |
| 9 | I give permission for a fully anonymised version of the data I provide to be deposited in an Open Access repository so that it can be used for future research and learning. | ☐ | ☐ |

Name of participant Date Signature

Husnain Ahmed 18/02/2025 H.Ahmed

Name of person Date Signature

taking consent