

AutSPACES Consent form

Tick to agree

I have been told about the research I am taking part in. I have had a chance to ask questions and I understand that taking part is voluntary, and that I can stop taking part at any point without having to give a reason.

☐

I understand that I can contact Dr Bastian Greshake Tzovaras (bgreshaketzovaras@turing.ac.uk) & Georgia Aitkenhead (gaitkenhead@turing.ac.uk) at any time to talk about my involvement in the project.

☐

I understand that I can report an issue or any misconduct to one of the facilitators present. If I do not feel comfortable reporting to a facilitator, I can contact Dr Kirstie Whitaker (kwhitaker@turing.ac.uk).

☐

I can see, and I agree to follow, [the code of conduct](#) for this project for as long as I am involved in it.

☐

I am happy for video recordings to be made during the sessions. I understand that they will be used by the research team to make notes and learn from the conversation today.

☐

I understand that the recording will be deleted once they have served their purposes for the AutSPACES project.

☐

I give permission for the research team to use the recording and their notes from the session today to write a summary.

☐

I understand that a summary of this session will be published online in a way that does not identify any participant. I agree that it can be used to inform research publications.

☐

I understand that I will have the opportunity to review this summary before it is made public.

☐

I would like to take part in today's session.

☐

I agree for my personal information, provided below, to be used to contact me in future. I understand that all personal information will remain confidential.

☐

Name: **First name**

Surname

Date of Birth:

Contact email:

Gender Identity (leave blank if you prefer not to specify):

Signature:

Date:
