

INFORMED CONSENT FORM

Please read the information letter and this consent form carefully before you decide to participate in this study.

I, the undersigned, confirm that (please tick box as appropriate):

1.	I have read and understood the information about the project, as provided in the information letter dated _____.	<input type="checkbox"/>
2.	I have been given the opportunity to ask questions about the project and my participation.	<input type="checkbox"/>
3.	I voluntarily agree to participate in the project.	<input type="checkbox"/>
4.	I understand I can end my participation at any time without giving reasons.	<input type="checkbox"/>
5.	<p>I understand that there is a small risk of entering into physical contact with the robot's arm. However, any contact would be of low impact. The study has been designed with safety measures to minimize any potential risks:</p> <ul style="list-style-type: none"> • Emergency Stop: The experimenter will be responsible for pressing the emergency stop button if something goes wrong. • Your Actions: If you think the robot arm is behaving strangely, you should immediately alert the experimenter. Do not attempt to touch or stop the robot arm yourself. 	<input type="checkbox"/>
6.	I understand that the robot is programmed with safety features to avoid harmful interactions.	<input type="checkbox"/>
7.	I understand that the experimenter will monitor the robot's movements closely to ensure my safety.	<input type="checkbox"/>
8.	I understand that if at any point I feel uncomfortable or wish to stop the experiment, I should inform the experimenter immediately.	<input type="checkbox"/>
9.	I understand that the researcher will make video recordings of only my hands and anonymity will be maintained since I will be wearing gloves. I understand that only the transcription of what I will say during the experiment will be collected, but the audio will not be recorded. These recordings will not be distributed and will be stored securely. I understand that only the researcher will have access to these recordings and that they will be destroyed by December 2031.	<input type="checkbox"/>
10.	I understand that questionnaire data will be collected, including basic demographic.	<input type="checkbox"/>
11.	I understand that all the data obtained from my participation will remain confidential. And I will treat the information from other participants as confidential.	<input type="checkbox"/>
12.	I understand that the analyses and final results will be formatted anonymously. The researcher may present some of the findings publicly at conferences or in publications, but my identity will not be identified in the published reports.	<input type="checkbox"/>
13.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	<input type="checkbox"/>

14.	I, along with the researcher, agree to sign and date this informed consent form.	<input type="checkbox"/>
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Participant:

Print name Signature Date

Researcher:

Print name Signature Date

Contact Information

If you have any questions or concerns about this study, please feel free to contact:

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