

CONSENT FORM

Name (block letters): _____

Location: _____

Date: _____

E-Mail: _____

Yes / No I have understood the content in "General Information".

Yes / No I have understood the content in "Rights of the Participant".

Yes / No I have understood the content of "Object and Implementation of the Research Project".

Yes / No Any questions I had were answered in a detailed and understandable way.

Yes / No I voluntarily agree to the participation and data processing and have not been forced or persuaded by anyone to agree.

Yes / No I agree to audio-visual recordings made of me and to my data being processed in accordance with the fulfilments presented in the "Information Sheet on Data Protection and Research Project".

Yes / No I agree that my recordings will be stored in encrypted form on an external hard drive of the lead researcher as well as on the research server of the Department of Deaf Studies and Sign Language Interpreting at Humboldt University of Berlin until the completion of the dissertation and will be processed and analysed according to the research purpose.

Yes / No I agree that parts of my recordings may be shown at conferences or in seminars (online and offline) and in publications (printed and online).

Yes / No I am informed that I can withdraw at any time without giving reasons.

With my signature I confirm the above information.

Signature