Consent Form

Medical Pronunciation App

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The University of St Andrews attaches high priority to the ethical conduct of research. We therefore ask you to consider the following points before signing this form. Your signature confirms that you are willing to participate in this study, however, signing this form does not commit you to anything you do not wish to do and you are free to withdraw your participation at any time.

**Please initial box**

|  |  |
| --- | --- |
| * I understand the contents of the Participant Information Sheet (marked ‘PIS\_[28/11/2019]\_[v1]\_[Medical Pronunciation App]’) | ⬜ |
| * I have been given the opportunity to ask questions about the study and have had them answered satisfactorily. | ⬜ |
| * I understand that my participation is entirely voluntary and that I can withdraw from the study at any time without giving an explanation and with no disbenefit. | ⬜ |
| * I understand who will have access to my data, how it will be stored, in what form it will be shared, and what will happen to it at the end of the study. | ⬜ |
| * I understand that I will be able to withdraw my data before 15th April, and I understand that if my data has been anonymised, it cannot be withdrawn. | ⬜ |
| * I agree to take part in the above study | ⬜ |

**Audio recordings**

I understand that part of this research involves recording images/audio/video data. These will be kept securely and stored separately to any identifiable information, i.e. consent forms and questionnaires.

Audio and visual data can be a valuable resource for future studies and therefore we ask for your additional consent to maintain this data for this purpose.

|  |  |
| --- | --- |
| * I agree to being audio recorded | ⬜ |
| * I agree to my audio material to be published as part of this research. | ⬜ |
| * I give permission for my audio material to be used in future studies without further consultation. | ⬜ |

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I am willing to take part in this research** | | | |
|  | **Print name** | Date | **Signature** |
| Participant |  |  |  |
| Person taking consent |  |  |  |