

Participant number: _____

Participant Consent Form

Project title:	Automatic Speech Recognition practicals 2019-20
Principal investigator (PI):	Peter Bell
Researcher:	Andrea Carmantini
PI contact details:	peter.bell@ed.ac.uk

Please mark yes or no for each of these statements.

	Yes	No
1. I confirm that I have read and understood the Participant Information Sheet for the above study, that I have had the opportunity to ask questions, and that any questions I had were answered to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand that my participation is voluntary, and that I can withdraw at any time without giving a reason. Withdrawing will not affect any of my rights.	<input type="checkbox"/>	<input type="checkbox"/>
3. I agree to my audio recordings and transcriptions being shared with other students enrolled on the ASR course in 2019-20.	<input type="checkbox"/>	<input type="checkbox"/>
4. I consent to my anonymised data being used in lab and assignment work by students enrolled on the ASR course in 2019-20.	<input type="checkbox"/>	<input type="checkbox"/>
5. I understand that my anonymised data can be stored for the remainder of the 2019-20 academic year.	<input type="checkbox"/>	<input type="checkbox"/>
7. I agree to take part in this study.	<input type="checkbox"/>	<input type="checkbox"/>

Name of person giving consent

Date

Signature

dd/mm/yy

Name of person taking consent

Date

Signature

dd/mm/yy



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