**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](mailto: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. |  |  |
|  |  | **Yes** | **No** |
| **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. |  |  |
|  |  | **Yes** | **No** |
| **3.** | I agree to my audio recordings and transcriptions being shared with other students enrolled on the ASR course in 2019-20. |  |  |
|  |  | **Yes** | **No** |
| **4.** | I consent to my anonymised data being used in lab and assignment work by students enrolled on the ASR course in 2019-20. |  |  |
|  |  | **Yes** | **No** |
| **5.** | I understand that my anonymised data can be stored for the remainder of the 2019-20 academic year. |  |  |
|  |  | **Yes** | **No** |
| **7.** | I agree to take part in this study. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person giving consent |  | Date |  | Signature |
|  |  | dd/mm/yy |  |  |
|  |  |  |  |  |
| Name of person taking consent |  | Date |  | Signature |
|  |  | dd/mm/yy |  |  |