## Informed consent form template for research with human participants

## **Consent Form for Evaluation of Trip Conversational agent**

Please tick the appropriate boxes	Yes	No	
Taking part in the study			
I have read and understood the study information dated [DD/MM/YYYY], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.			
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.	4		
I understand that taking part in the study involves interacting with a conversational agent on a computer and filling a satisfaction questionnaire.			
Risks associated with participating in the study			
I understand that taking part in the study involves the following risks: Recalling bad travel memories and getting mental stress			
Use of the information in the study			
I understand that information I provide will be used for to determining if these parameters have any impact on the participant's perception of the agents.			
I understand that personal information collected about me that can identify me, such as age and gender, will not be shared beyond the study team.	4		
Possible extra questions:			
If you want to use quotes in research outputs then add extra question: I agree that my information can be quoted in research outputs			
If you want to use named quotes, then add extra question: I agree that my real name can be used for quotes			
If written information is provided by the participant (e.g. diary) then add extra question: I agree to joint copyright of the [specify data] to [name of researcher]			
Future use and reuse of the information by others			
I give permission for the anonymized data about my age, gender and travel experience that I provide to be archived in the researchers' own PC so it can be used for evaluation and will be deleted afterward.			

Signatures

Niklas Perujo Name of participan	t [printed]		
For participants und	able to sign thei	r name, mark the box in	stead of sign
		0	with the potential participant and confirm that the individual has given
Name of witness	[printed]	Signature	 Date
•		•	tential participant and, to the best of at they are freely consenting.
Prakhar Jai	n	Prest.	January 24, 2024
Researcher name [p	orinted]	Signature	Date

Study contact details for further information: [Name, phone number, email address]