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.			
I understand that taking part in the study involves interacting with a conversational agent on a computer and filling a satisfaction questionnaire.	Ø		
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		d	
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.			
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

E. M. Bulters			24 jan 2024
Name of participan	t [printed]		
For participants un	able to sign thei	r name, mark the box ins	stead of sign
		_	with the potential participant and onfirm that the individual has given
Name of witness	[printed]	 Signature	 Date
· ·		mation sheet to the pot	ential participant and, to the best of
my ability, ensured	that the particip	Dant understands to wha	at they are freely consenting.
Prakhar Jain			2 <u>4 Jan 2024</u>
Researcher name [orinted]	Signature	Date

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