[[Placeholder for University and partnering institution logos]]

Participant's Information Sheet

Participant Identification Number:
Date:
Name (please print):
Age & Gender:
Nationality:
Live alone/with partner/with kids:
Profession:
Participant e-mail address (optional):

[[Placeholder for University and partnering institution logos]]

	CONSENT FORM				
Title of Project: A Study to Understand Privacy Concerns of the Adults Aged 60 and Above					
Na	me of Researcher: XXX				
	Please tick all relevant b				
1.	I confirm that I have read and understand the information sheet for (version 5.0, 21/06/2018). I have had the opportunity to consider the information, ask question these answered satisfactorily.	·			
2.	I understand that my participation is voluntary and that I am free to 01.09.17, without giving any reason. I understand that if I withdraw may not be possible to delete my anonymised data if it has already publication.	v after this period it			
3.	I confirm that I do not suffer from any serious mobility conditions of impairment. In particular, I do not have any of the following: (1) Mostroke history, (3) Alzheimer's disease (3) Dementia (serious or mo	otor disability, (2)			
4.	I confirm that I have not undergone any prior professional training awareness in physical or digital environments.	on situational			
5.	5. I agree to respect the privacy and confidentiality of other members of the group and not to share their personal information with anyone outside the group during or after the study.				
6.	. I understand that even though each participant is required to agree to condition number 5, it is still possible that what I say might be disclosed outside the group and is beyond the control of the research team.				
7.	. I give permission for the research team to send me study related emails (optional).				
8.	I agree to take part in the above study.				
Pai	rticipant Signature	Researcher Signatur			