

**Research Institute in Information and Language Processing  
Participant Consent Form**

Title of Research:

Name of the researcher:

1. I agree to participate for the purposes of the research named above.
2. I acknowledge that the purposes of the above research project, the nature of my participation and the uses to which the resulting data will be put have been explained to me.
3. I understand that my participation in this research is voluntary and that I have the right to decline to answer any specific question and I am free to terminate the interview at any time.
4. I acknowledge that I have been given an opportunity to ask questions about the research and that any questions that I may have asked have been answered to my satisfaction.

5. Select either (a) or (b).

a) I agree that my name may be used for the purposes of this research.

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b) I do not wish my name to be used or cited, or my identity otherwise disclosed in the research.

☐

6. Select either (a) or (b)

a) I agree to this research being audio/video recorded

☐

b) I do not wish this research to be recorded

☐

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_

Date: \_\_\_\_\_