# **Project Title:** AI-Powered Fair Shift Scheduling System for Enhanced Workforce Management in Restaurants

This consent form accompanies the Participant Information Sheet provided to you. Please ensure you have read and understood all the information contained in that document before signing this form. If you have any questions, please contact Sai Kaung khant zaw using the contact details on the Participant Information Sheet.

**Consent Statements:**

1. **Understanding of Information:**
   * I have read and understood the information provided in the Participant Information Sheet.
   * I have read and understood the Data Protection Privacy Notice provided to me.
2. **Opportunity for Questions:**
   * I have been given the opportunity to ask questions about the study.
   * My questions have been answered satisfactorily by the research team.
3. **Use of Data:**
   * I agree that anonymized quotes from my interview responses may be used in the final report of this study.
4. **Voluntary Participation:**
   * I understand that my participation in this study is voluntary and that I am free to withdraw at any time until the data has been anonymized, without providing a reason. The deadline for withdrawal is 10/07/2024.
   * If I choose to withdraw from the study, I can do so by emailing Sai Kaung Khant Zaw at sai2.khantzaw@live.uwe.ac.uk.
5. **Consent to Participate:**
   * I agree to take part in the research as described in the Participant Information Sheet. This involves **participating in an interview** about my current work schedule and perceptions of workload which is expected to take approximately 10 minutes.
6. Audio Recording Consent:
   * I consent to be audio-recorded during the interview. I understand that these recordings will be stored securely and will only be accessible to the research team. I have been informed that these recordings will be deleted after the data has been anonymized, which is expected to occur two months after the completion of the study.

**Participant's Details:**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher's Details:**

* **Name:** Sai Kaung Khant Zaw
* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be given a copy of this consent form to keep for your records.