

CONSENT FORM

<name of specific experiment>

**College of Science and Engineering Ethics Board approval number: *<number>***

I understand that *<name>* is collecting data for a research project. Data will be captured about my movements and actions during this experimental session.

*<detailed description of sensing and data implications>*

This project is funded by <funding body>.

I give my consent to the use of data for this purpose, on the understanding that:

☐ Any personally identifiable data will be treated as confidential and kept securely.

☐ All names and other identifiable data will be anonymised for research use.

☐ Anonymised data will be retained for future scientific research.

☐ Anonymised data may be used in publications and shared with other researchers.

☐  **I understand I am free to withdraw from this experiment without penalty at any time**

<Optional: ☐ I consent to being video recorded during this experiment. Video will be fully anonymised before use for research.>

☐ I would like to receive the final published output using data derived from this experiment.

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signed (Participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date*:\_\_\_\_\_\_\_\_\_\_\_\_***

***Signed (Researcher conducting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***