**Autistica/Turing citizen science project: Consent form**

(leave blank if you prefer not to specify)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | Tick to agree |
| I have been told about the research I am taking part in. I have had a chance to ask questions and I understand that taking part is voluntary, and that I can stop taking part at any point without having to give a reason. | | | | | |  |
| I understand that I can contact Dr Bastian Greshake-Tzvoras (bgreshake@googlemail.com) or Georgia Aitkenhead (gaitkenhead@turing.ac.uk) at any time to talk about my involvemett in the project. | | | | | |  |
| I understand that I can report an issue or any misconduct to one of the facilitators present. If I do not feel comfortable reporting to a facilitator, I can contact Dr James Cusack ([james.cusack@autistica.org.uk](mailto:james.cusack@autistica.org.uk)). | | | | | |  |
| I can see, and I agree to follow, the code of conduct for this project for as long as I am involved in it. | | | | | |  |
| I am happy for sound recordings to be made during the sessions. I understand that they will be transcribed and used by the research team to learn from the conversation today. | | | | | |  |
| I understand that the recording will be deleted after transcription.The transcription will have no names associated with it and will not be made public. | | | | | |  |
| I give permission for the research team to use the transcript and their notes from the session today to write a summary. | | | | | |  |
| I understand that a summary of this session will be published online in a way that does not identify any participant. I agree that it can be used to inform research publications. | | | | | |  |
| I understand that I will have the opportunity to review this summary before it is made public. | | | | | |  |
| I would like to take part in today’s session. | | | | | |  |
| I agree for my personal information, provided below, to be used to contact me in future and to reimburse me for my participation in today’s session. I understand that all personal information will remain confidential. | | | | | |  |
| Name: | First name |  | Surname | | | | |  |
| Date of Birth: |  |  | Gender  Identity: | | | | |  |
| Contact email: |  |  |  | | | | |  |
| Contact address: |  | | | | | | |  |
| Contact phone: | Daytime phone |  | Evening phone | | | | |  |
| Name of guardian  (if applicable): | Forename |  | Surname | | | | |  |
| Signature: |  | | | Date: |  | | |