

Informed consent

[This IC form is an example and needs to be adapted to each particular study. Italic text between brackets are instructions for the researchers and need to be deleted from the final draft. Gray boxes indicate that more information needs to be given by the researchers.]

Title of the research:

A Playlist-based Group Music Recommendation System

Name + contact details [*email, phone number, faculty/department/research unit, work address*] of supervisor and researcher(s):

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Goal and methodology of the research:

The goal is to investigate the usage of a group recommendation system. The application recommends a playlist for groups of users, based on their selected Spotify playlists.

Duration of the experiment:

4 weeks

I understand what is expected of me during this research.

I know that I will participate in the following trials or tests:

Use the group music recommender application and fill out a questionnaire afterwards.

I know that my participation may be associated to risks or discomforts:

It is possible that I don't like the generated playlist and I have to delete it.

I or others can benefit from this research in the following ways:

I will help the thesis research to investigate the user satisfaction, accuracy and fairness of the application.

My participation offers a contribution to the scientific research. I know that I will not receive any further reward or compensation for my participation.

I understand that my participation to this study is voluntary. I have the right to stop participating at any time. I do not have to give a reason for this and I know that it will not have any negative repercussions for me.

At any time I can also ask to end any further processing of my data and to delete the data that have already been collected.

The results of this study can be used for scientific goals and may be published. My name will not be published. The confidentiality of the data will be protected in all stages of the research. The researchers will take the following measures to protect my privacy:

All the personal user data will be deleted and will never be made public.

I would like to be informed about the results of this research. The researchers may contact me for this purpose using the following e-mail address.

Drawn up in duplicate.

For questions and for the execution of my rights (access to my data, rectification of the data, ...) after my participation I know that I can contact:

alexander.joossens@student.kuleuven.be

More information with regard to privacy in research can be found at <https://kuleuven.be/privacy/en/>. With further questions about privacy issues I can contact the data protection officer: dpo@kuleuven.be

This study has been reviewed and approved by the Social and Societal Ethics Committee (SMEC) of KU Leuven (G-2022-6053). In case of complaints or other concerns with regard to the ethical aspects of this research I can contact SMEC: smec@kuleuven.be

I know that I can contact the individuals/organizations below if I would experience any discomfort or difficulties as a result of some of the subjects that were the topic of this research:
Alexander Joossens (alexander.joossens@student.kuleuven.be)

I have read and understood the information in this document and I have received an answer to all my questions regarding this research. I give my consent to participate.

Date: 1/5/2023

Name and signature of the participant

Name and signature of the researcher

name: Fleur Verwaest

Fleur Verwaest