**Participant Consent Form**

|  |  |
| --- | --- |
| Project title: | ASKII: Evaluation |
| Researcher: | Mihalcea, Cezar |

By participating in the study you agree that:

* I have read and understood the Participant Information Sheet for the above study, that I have had the opportunity to ask questions, and that any questions I had were answered to my satisfaction.
* My participation is voluntary, and that I can withdraw at any time without giving a reason. Withdrawing will not affect any of my rights.
* I consent to my anonymised data being used in academic publications and presentations.
* I understand that my anonymised data will be stored for the duration outlined in the Participant Information Sheet.

**Please tick yes or no for each of these statements.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | I agree to being audio recorded. | x |  |
|  |  | **Yes** | **No** |
| **2.** | I agree to my screen being recorded by the researchers. | x |  |
|  |  | **Yes** | **No** |
| **3.** | I agree to take part in this study. | x |  |
|  |  | **Yes** | **No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person giving consent |  | Date |  | Signature (ok to type it) |
| Rokas GIedraitis |  | 10/04/21 |  | Rokas |
|  |  |  |  |  |
| Name of person taking consent |  | Date |  | Signature (ok to type it) |
|  |  | 10/04/21 |  |  |