

## Consent Form

**Project:** Mapping Imaginaries of Augmented Realities Beyond the Cultural Industrial Continuum

### **Project contact details:**

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Name of Supervisor: Helen V. Pritchard

Contact details of Supervisor: helen.v.pritchard@plymouth.ac.uk

Name of Course/Module: Digital Arts and Technology (I-DAT)

### **What is this project about?**

This study will create different places and modes for the project to explore and collaboratively develop understandings of what methods and approaches crip (disability justice) and trans\*feminist collectives/practitioners are taking towards Ai infrastructure and automation. Through doing this together, the project aims to start to unravel the complex and subjective dynamics that are in place between people/communities and these infrastructures.

This inquiry will then be reflected to form methods that enable communities to (con)figuring out their situated network relations. Through doing this, the project aims to explore how these methods came into being and how we might be able to relate to, (con)figure out, and process ourselves computationally otherwise.

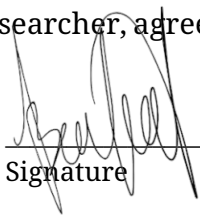
I, confirm that (please tick box as appropriate):

I have been given the opportunity to ask questions about the project and my participation.	x
I voluntarily agree to participate in the project.	x
I understand I can withdraw up until 18 <sup>th</sup> oct 2024 without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	x
The procedures regarding confidentiality and <a href="#">privacy information</a> have been clearly explained to me.	x
Consent for interviews, focus groups, audio, video or other forms of data collection have been explained and provided to me. <i>(Delete any methods not applicable to your research.)</i>	x
The use of the data in research, publications, sharing and archiving has been explained to me.	x

Select only **one** of the following:

I would like my name used or audio or video recordings and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognised.	x
I would not like my name or audio or video recordings of myself to be used in this project.	

I, along with the Student Researcher, agree to sign and date this informed consent form.  
**Participant:**

<u>Batool Desouky</u> Name of Participant	 Signature	<u>21 May 2025</u> Date
<b>Student Researcher:</b>		
<u>George Simms</u> Name of Student Researcher	_____ Signature	<u>21.05.2025</u> Date