



# Participant Consent Form

## Anonymous Data

### Project Title

*Molecular Structure Drawing Prediction*

### Researcher(s) Name(s)

*Jacob Alexander Cameron Rivett*

### Supervisors Names

*Simon Dobson*

The University of St Andrews attaches high priority to the ethical conduct of research. We therefore ask you to consider the following points before signing this form. Your signature confirms that you are happy to participate in the study.

### What is Anonymous Data?

The term 'Anonymous Data' refers to data collected by a researcher that has no identifier markers so that even the researcher cannot identify any participant. Consent is still required by the researcher, however no link between the participant's signed consent and the data collected can be made.

### Consent

The purpose of this form is to ensure that you are willing to take part in this study and to let you understand what it entails. Signing this form does not commit you to anything you do not wish to do.

Material gathered during this research will be anonymous, so it is impossible to trace back to you. It will be securely stored in the St Andrews School of Computer Science's database and my personal computer until my dissertation is finished and asset. This will most likely be for the period of one year maximum. Please answer each statement concerning the collection and use of the research data.

I have read and understood the information sheet.

☐ Yes ☐ No

I have been given the opportunity to ask questions about the study.

☐ Yes ☐ No

I have had my questions answered satisfactorily.

☐ Yes ☐ No

I understand that I can withdraw from the study without having to give an explanation.

☐ Yes ☐ No

I understand that my data once processed will be anonymous and that only the researcher(s) (and supervisors) will have access to the raw data which will be kept confidentially.

☐ Yes ☐ No

### EITHER

☐ Yes ☐ No

*I understand that my data will be stored for a period of 1 year before being destroyed*

I have been made fully aware of the potential risks associated with this research and am satisfied with the information provided.

☐ Yes ☐ No

I agree to take part in the study

☐ Yes ☐ No

Participation in this research is completely voluntary and your consent is required before you can participate in this research.

**Name in Block Capitals** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_