**Consent**

**Form**

**Date:** Feb 21st 2022 to December 23rd 2022

**Project:** UK/USA TAS Scoping Study

**School of Computer Science Ethics Reference:** [Insert ref number]

**Funded by:** TAS Hub

**Please tick the appropriate boxes**   **Yes**  **No**

**1. Taking part in the study**

a) I have read and understood the project information sheet dated Feb 21st 2022  

to December 23rd 2022, or it has been read to me. I have been able to ask questions

about the study and my questions have been answered satisfactorily.

b) I consent voluntarily to be a participant in this study and understand that I can  

refuse to answer questions and I can withdraw from the study at any time, without

having to give a reason.

c) I understand that taking part in the study requires me to provide data and that this  

will involve: filling in surveys, participating in an audio / audio-visual recorded interview

and/or group discussion, and guided workshop exercises. These activities will collect

data using use audio-visual recording devices, flipchart paper, online and physical

presentation boards (e.g. dry-wipe marker boards, chalkboards MIRO, Jamboard),

post-it notes, sorting cards, pens/markers, researchers’ field notes. Photographs will be

taken to collect data from flipchart paper, presentation boards, e.g. dry-wipe

marker boards, chalkboards), post-it notes and similar.

**2. Use of my data in the study**

a) I understand that research data which can identify me will not be shared  

beyond the TAS Hub project team except where I explicitly consent to this in Section 5. Copyright.

b) I agree that the data provided by me may be used for the following purposes:

* Presentation and discussion of the project and its results in research   activities (e.g., in supervision sessions, project meetings, conferences).
* Publications and reports describing the project and its results.  
* Dissemination of the project and its results, including publication of data  

on web pages and databases.



c) I give permission for my words to be quoted for the purposes described above.  

d) I give permission for my visual image contained in photos or video gathered  

during the research to be used for the purposes described above.

**Please tick the appropriate boxes Yes No**

**3. Reuse of my data**

a) I give permission for the data that I provide to be reused for the sole purposes of  

future research and learning.

b) I understand and agree that this may involve depositing my data in a data  

repository, which may be accessed by other researchers

**4. Security of my data**

a) I understand that safeguards will be put in place to protect my identity and my data  

during the research, and if my data is kept for future use.

b) I confirm that a written copy of these safeguards has been given to me in the  

University’s privacy notice, and that they have been described to me and are

acceptable to me.

c) I understand that no computer system is completely secure and that there is a risk  

that a third party could obtain a copy of my data.

**5. Copyright**

a) I give permission for data gathered during this project to be used, copied, excerpted,  

annotated, displayed and distributed for the purposes to which I have consented.

b) I wish to be publicly identified as the research participant who created the works  

I produce in this study *(delete works you do not wish to be identified by)*:

audio/video recordings, textual data, drawings, survey responses, photographs

submitted, direct quotes, and other material I produce or co-produce and submit to

the researchers’ data collection.

c) I would like to be identifiable for the above works I produce as part of this study  

*(do not enter name, title and affiliation here if you do not want to identified by the above*

*works you produce)*.

**Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role(s) and Affiliation(s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Signatures (to consent, print name, sign and date as appropriate)**

**Name of participant** (IN CAPITALS) Signature Date

If applicable:

For participants unable to sign their name, mark the box instead of signing

I have witnessed the accurate reading of the consent form with the participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

**Name of witness** (IN CAPITALS) Signature Date

I have accurately read out or provided the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

**Name of researcher** (IN CAPITALS) Signature Date

**7. Researcher’s contact details**

Provide the participant with a copy of the completed form either by email or hard copy, as they prefer.

Name: Pepita Barnard and Jeremie Clos

Phone:

Email: [pepita.barnard@nottingham.ac.uk](mailto:pepita.barnard@nottingham.ac.uk)

[jeremie.clos@nottingham.ac.uk](mailto:jeremie.clos@nottingham.ac.uk)