# C:\Users\ammartin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\UOM-Pos3D_S_Sm.jpg**Consent Form**

School of Engineering, Interaction Design Lab  
The University of Melbourne

### Project Title

Interactions in Augmented Reality Environments

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1. I consent to participate in this research project, the details of which have been explained to me, and I have read the plain language statement regarding the aims of the research project.
2. I understand that my participation will involve solving a sensemaking task using an augmented reality (AR) headset. I understand that I am required to answer a set of questions based on clues presented in the AR applications. I also understand that I am required to organize these clues within the AR application.
3. I also acknowledge that:
   1. The possible effects of participating research have been explained to my satisfaction;
   2. I understand that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;
   3. The project is for the purpose of research;
   4. This consent form will be retained by the researchers.
   5. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements;
   6. Data used in this research project may also be used in future projects that are *closely related* to this project, *or in the same general area* of research as this project.
   7. I have been informed that with my consent, the survey/s and data from performed tasks will be recorded and I understand that the recordings will be stored at University of Melbourne and will be destroyed after five years;
   8. I will be referred to by participant Id in the case that I am quoted in any publications or presentations arising from the research;
   9. A copy of the research findings can be forwarded to me, should I request for this;

Initial

I wish to receive a copy of the any publications arising out of this research **□ yes    □ no**

(please tick)

Participant signature: Date:

Physical or Email Address (for copies of publications) :