

CONSENT FORM



University of
Nottingham
UK | CHINA | MALAYSIA

Date: 12/11/2018

Project: Investigation of how AI assistant Alexa can aid learning maths

School of Computer Science Ethics Reference:

Please tick the appropriate boxes

Yes

No

1. Taking part in the study

- a) I have read and understood the project information sheet dated 12/11/2018, or it has been read to me. I have been able to ask questions about the study and my questions have been answered satisfactorily. ☒ Yes ☐ No
- 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. ☐ Yes ☐ No
- c) I understand that taking part in the study requires me to provide data and that this will involve completing a google forms questionnaire, answering questions in an interview and be observed using Alexa for 15 minutes. ☐ Yes ☐ No

2. Use of my data in the study

- a) I understand that data which can identify me will not be shared beyond the project team. ☐ Yes ☐ No
- 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). ☐ Yes ☐ No
 - Publications and reports describing the project and its results. ☐ Yes ☐ No
 - Dissemination of the project and its results, including publication of data on web pages and databases. ☐ Yes ☐ No
- c) I give permission for my words to be quoted for the purposes described above. ☐ Yes ☐ No

Please tick the appropriate boxes

Yes

No3.

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. ☐ ☐

4. 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 creator of the following works: audio recordings.

6. Signatures (sign 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 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

Name: Michelle Ruas

Phone: 07490971786

Email: psymr1@nottingham.ac.uk

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