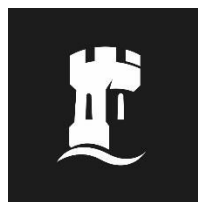


# CONSENT FORM



University of  
**Nottingham**  
UK | CHINA | MALAYSIA

**Date:** 12/11/2018

**Project:** Investigation of how AI assistant Alexa is used by children to aid learning maths

If you have any questions at all that you want to ask before giving consent, feel free to ring me on 07490971786 or email on psymr1@nottingham.ac.uk.

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.  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I consent voluntarily for children in my care to be participants in this study and understand that any child can refuse to answer questions and I can withdraw any child from the study up until alternative data can be collected so as not to risk the success of the dissertation, without having to give a reason. All children also consent voluntarily to be participants in this study and consent was gained from all parents. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I understand that taking part in the study requires the child to provide data and that this will involve completing a questionnaire, answering questions in a semi-structured interview and be observed and audio recorded using Alexa for 10-15 minutes.  | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. Use of my data in the study

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a) I understand that data which can identify any child will not be shared beyond the project team.  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I agree that the anonymised data provided by any child 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). | <input type="checkbox"/> | <input type="checkbox"/> |
| – Publications and reports describing the project and its results.  | <input type="checkbox"/> | <input type="checkbox"/> |
| – Dissemination of the project and its results, including publication of data on web pages and databases.   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I give permission for any child's words to be quoted for the purposes described above.   | <input type="checkbox"/> | <input type="checkbox"/> |

Please tick the appropriate boxes

Yes

No

### 3. Security of my data

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a) I understand that safeguards will be put in place to protect all children's identity and data during the research.                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I confirm that a written copy of these safeguards has been given to me in the University's privacy notice and are acceptable to me.    | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 the data. | <input type="checkbox"/> | <input type="checkbox"/> |

### 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. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

### 5. Signatures (sign as appropriate)

_____	_____	_____
<b>Name of school (IN CAPITALS)</b>	<b>Signature</b>	<b>Date</b>

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.

_____	_____	_____
<b>Name of researcher (IN CAPITALS)</b>	<b>Signature</b>	<b>Date</b>

### 6. Researcher's contact details

Name: Michelle Ruas

Phone: 07490971786

Email: [psymr1@nottingham.ac.uk](mailto:psymr1@nottingham.ac.uk)

**7. Supervisor's contact details**

Name: Max Wilson

Phone: 0115 8466551

Email: [Max.Wilson@nottingham.ac.uk](mailto:Max.Wilson@nottingham.ac.uk)