

CONSENT FORM



University of
Nottingham
UK | CHINA | MALAYSIA

Date: 12/11/2018

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

Please tick the appropriate boxes

Yes

No

1. Taking part in the study

- a) My child and I have both 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 for my child to be a participant in this study and understand that my child can refuse to answer questions and I can withdraw my 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. My child also consents voluntarily to be a participant in this study. ☐ Yes ☐ No
- c) I understand that taking part in the study requires my 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 15 minutes. ☐ Yes ☐ No

2. Use of my data in the study

- a) I understand that data which can identify my child will not be shared beyond the project team. ☐ Yes ☐ No
- b) I agree that the anonymised data provided by my 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). ☐ 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 child's words to be quoted for the purposes described above. ☐ Yes ☐ No

Please tick the appropriate boxes

Yes

No

3. Security of my data

- a) I understand that safeguards will be put in place to protect my child's identity and data during the research. ☐ Yes ☐ No
- 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. ☐ Yes ☐ No
- 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. ☐ Yes ☐ No

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. ☐ Yes ☐ No

5. Signatures (sign as appropriate)

Name of child

Name of parent (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.

8. Supervisor's contact details

Name: Max Wilson

Phone: 0115 8466551

Email: Max.Wilson@nottingham.ac.uk