

CONSENT FORM FOR PROJECT PARTICIPANTS DOING INDIVIDUAL INTERVIEWS

Title of Project: Augmented Reality Experiences with Project North Star: Pilot Iterative Design

Name of Researcher and School: Sam Bilbow, Media, Arts and Humanities

C-REC Ref no: ER/SMB44/3

**Please tick box
(YES / NO)**

- | | | |
|--|--------------------------|--------------------------|
| • <i>I agree to allowing the study to be video recorded for transcription purposes</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I agree to fill out a questionnaire provided by the researcher</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I agree to equip the headset and headphones as part of the study</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I consent to being interviewed by the researcher about my experience</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I agree for the use of my email for further correspondence relating to the study</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I agree to making myself available for a further interview should it be required</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I understand that I will be given a transcript of data concerning me for my approval before being included in the write up of the research</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I understand that I will be given a transcript of any data that I have provided for my approval before being included in the write up of the research</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I consent to the use of anonymised quotes in publications from the research</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I consent to the use of anonymised photos in publications from the research</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I understand that in exceptional circumstances e.g. where the health, welfare and safety of myself or others is compromised by information I might disclose, the researcher will be legally required to pass this information onto an appropriate individual or agency.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Augmented Reality Experiences with Project North Star: Pilot Iterative Design

- *I understand that any information I provide is confidential, and that no information that I disclose will lead to the identification of any individual in the reports on the project, either by the researcher or by any other party* ☐ ☐
- *I have read the information sheet, had the opportunity to ask questions and I understand the principles, procedures and possible risks involved.* ☐ ☐
- *I understand that my personal data will be used for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with data protection legislation.* ☐ ☐
- *I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way nor do I have to give reasons for this.* ☐ ☐
- *I consent to my data being deposited in the UK Data Archive for re-use in future research and analysis. I understand that it will be fully anonymised before deposit.* ☐ ☐
- *I agree to take part in the above University of Sussex research project* ☐ ☐

Name:

Signature:

Date: