

CONSENT FORM
SPHERE project at We the Curious

Please answer the following questions to the best of your knowledge

	YES	NO
DO YOU CONFIRM THAT YOU:		
• Are happy to perform some daily activities like sweeping or reading a book <input type="checkbox"/>	<input type="checkbox"/>	
• Are happy for your Silhouette data to be recorded by the SPHERE SYSTEM <input type="checkbox"/>	<input type="checkbox"/>	
• Are you happy for you wristband data to be recorded by the SPHERE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU:		
• been given information explaining about the study?	<input type="checkbox"/>	<input type="checkbox"/>
• had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
• received satisfactory answers to all questions you asked?	<input type="checkbox"/>	<input type="checkbox"/>
• received enough information about the study for you to make a decision about your participation?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU UNDERSTAND:		
that you are free to withdraw from the study and free to withdraw your data prior to publication		
• at any time?	<input type="checkbox"/>	<input type="checkbox"/>
• without having to give a reason for withdrawing?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby fully and freely consent to my participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bristol will use the data I provide for no purpose other than research.

I understand the data I provide will be kept **confidential**. My name or other identifying information will not be disclosed in any presentation or publication of the research.

I understand that the University of Bristol may use the data collected for this project in a future research project but that the conditions on this form under which I have provided the data will still apply.

Participant's signature: _____ Date: _____

Name in BLOCK Letters: _____

Final consent
Having participated in this study

I agree to the University of Bristol keeping and processing the data I have provided during the course of this study. I understand that these data will be used only for the purpose(s) set out in the information sheet, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

Participant's signature: _____ Date: _____

Name in BLOCK Letters: _____

If you have any concerns related to your participation in this study please direct them to the Faculty of Engineering Human Research Ethics Committee, via Liam McKervey, Research Governance and Ethics Officer (Tel: 0117 331 7472 email: Liam.McKervey@bristol.ac.uk).

CONSENT FORM

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Please answer the following questions to the best of your knowledge

YES NO

DO YOU CONFIRM THAT YOUR CHILD:

- Is happy to perform some daily activities like sweeping or reading a book ☐ YES ☐ NO
- Is happy for their Silhouette data to be recorded by the SPHERE SYSTEM ☐ YES ☐ NO
- Is you happy for their wristband data to be recorded by the SPHERE SYSTEM ☐ YES ☐ NO

HAVE YOU:

- Been verbally told about the participant information explaining the study? ☐ YES ☐ NO

DO YOU UNDERSTAND:

that you are free to withdraw your consent at any time during the study and free to withdraw your child's data from the study prior to publication? ☐ YES ☐ NO

- without having to give a reason for withdrawing? ☐ YES ☐ NO
- and that the session will stop if your child asks or appears uncomfortable? ☐ YES ☐ NO

I hereby fully and freely consent to my child's participation in this study

I understand the nature and purpose of the procedures involved in this study as communicated to me on the *<information sheet>*.

I understand that the investigation is designed to promote scientific knowledge and I agree that the University of Bristol can keep and use the data my family provide for research purposes only.

I understand that the data my family provide will be kept **confidential**, and that my consent is conditional upon the University complying with its obligations under the Data Protection Act.

I understand that my child's name and any other identifying information will not be disclosed in any presentation or publication of the research.

Parent/Guardian signature: _____ Date: _____

Name in BLOCK Letters: _____

Child's name _____ Child's DoB: _____

YES NO

I agree to my child's data being passed to his/her school, if requested? ☐ YES ☐ NO

I agree to being contacted again with information about further research studies? ☐ YES ☐ NO

Daytime contact number _____