

CONSENT FORM

Title of study: Vowel duration and aspiration effects
in Icelandic

Researcher: Stefano Coretta

This form is for you to state whether or not you agree to take part in the study. Please read and answer every question. If there is anything you do not understand, or if you want more information, please ask the researcher.

Have you read and understood the Information Sheet about the study? Yes ☐ No ☐

Have you had an opportunity to ask questions about the study and have these been answered satisfactorily? Yes ☐ No ☐

Do you understand that the information you provide will be held in confidence by the research team, and your name or identifying information about you will not be mentioned in any publication? Yes ☐ No ☐

Do you understand that you may withdraw from the study at any time before the end of the data collection session without giving any reason, and that in such a case all your data will be destroyed? Yes ☐ No ☐

Do you understand that the information you provide may be kept after the duration of the current project, to be used in future research on language? Yes ☐ No ☐

Do you agree to take part in the study? Yes ☐ No ☐

Do you agree to excerpts from your audio recordings to be used in presentations or in teaching by the researcher, without disclosing your real name? Yes ☐ No ☐

You may take part in the study without agreeing to this.

Do you agree to the information you provide and the audio recordings to be shared with others for future research on language? Yes ☐ No ☐

Do you agree to the audio recordings to be stored online for public access on the Tromsø Repository of Language and Linguistics (TROLLing)? Yes ☐ No ☐

You may take part in the study without agreeing to this. Your personal information will not be included in your data, and the data will remain anonymous.

Do you agree to the researcher's keeping your contact details after the end of the current project, in order that s/he may contact you in the future about possible participation in other studies? Yes ☐ No ☐

You may take part in the study without agreeing to this.

Your name
(in BLOCK letters): _____

Your signature: _____

Researcher's
name: _____

Date: _____

One copy to be retained by the researcher, one copy to be kept by the participant.