**Participant Consent and Ethics Form**

**Project Title:** Game design of upper-limb rehabilitation using Haptic Robotics

**Institution:** University of Birmingham

**Project Contact Information**: sxm1329@student@bham.ac.uk

**Introduction:**

Thank you for considering participating in our research project involving virtual reality (VR) and haptic robotics. Before you decide to participate, we want to ensure that you have all the information you need and understand your rights and responsibilities as a participant. Please read this form carefully and feel free to ask any questions before proceeding.

**Purpose of the Study:**

The purpose of this study is to provide an interface for participants to interact with that will train upper-limb motor control. Data will be collected to assess movement accuracy with respect to a target.

**Participant Responsibilities:**

By participating in this project, you agree to the following responsibilities:

* To follow the instructions provided by the researchers and use the VR and haptic robotics equipment as directed.
* To inform the research team of any discomfort, unusual experiences, or concerns during the study.
* To complete any surveys or questionnaires related to your experiences during the study.

**Voluntary Participation:**

Your participation in this project is completely voluntary. You have the right to withdraw from the study at any time, for any reason, without penalty. Your decision to participate or withdraw will not affect any current or future relationship with the university of Birmingham

**Confidentiality:**

Your personal information will be kept confidential. Data collected during the study will be anonymized and stored securely. Only the research team will have access to this information.

If, at any point, you wish to access, review, or request the removal of your data from this study, please contact us using the provided contact information. Your request will be handled promptly and in accordance with data privacy regulations.

**Risks and Benefits:**

Please be aware that participation in this study may involve some risks, including but not limited to:

* Potential discomfort or motion sickness in the VR environment.
* Physical sensations or discomfort from haptic feedback.
* Unintended emotional responses to VR experiences.
* Benefits of participating in this study include contributing to scientific research in the field of Robotic rehabilitation, gaining experience with emerging technologies, and potentially increasing your understanding of VR and haptic robotics.

**Informed Consent for Data Collection:**

By signing this consent form, you acknowledge and agree to the following:

* You understand that data will be collected during your participation in this study.
* You are aware that this data will be used for research purposes.
* You agree to the anonymization and secure storage of the data collected.
* You consent to the sharing of anonymized data with other researchers or institutions for academic and scientific purposes.

**Informed Consent:**

I have read and understood the information provided in this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily agree to participate in this research project.

**Participant Information:**

Full Name: Srikar Mummidi

Date of Birth: 28/04/2001

Email Address: srikster14@gmail.com

Contact Number: 07741483871

Participant's Signature: \_\_\_\_\_Srikar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_10/09/2023\_\_\_\_\_\_\_\_