

Participant Consent Form

Password Security Gamification Consent Form

Please note that this form must be filled out for those that wish to take part in the research. If the participant is under the age of 16, this form must be filled on behalf of a parent or guardian.

| <i>Please tick the appropriate boxes</i> | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Taking Part in the Project | | |
| I have read and understood the project information sheet dated DD/MM/YYYY or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been given the opportunity to ask questions about the project. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to take part in the project. I understand that taking part in the project will include playing a Password Cracking Game and answering two questionnaires. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. | <input type="checkbox"/> | <input type="checkbox"/> |
| How my information will be used during and after the project | | |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission for the questionnaire data that I provide to be deposited in the university drive of the researcher so it can be used for future research and learning | <input type="checkbox"/> | <input type="checkbox"/> |
| So that the information you provide can be used legally by the researchers | | |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of participant [printed]

Signature

Date

Name of Researcher [printed]

Signature

Date

Theo Koorehpaz

Project contact details for further information:

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