**Consent**

**Form**

**Date:** 25/10/2018

**Project: Escape Rooms**

**School of Computer Science Ethics Reference:** [G54DET Design Ethnography coursework]

**Please tick the appropriate boxes Yes No**

**1. Taking part in the study**

a) I have read and understood the project information sheet dated / /2018,  

or it has been read to me. I have been able to ask questions about the study and

my questions have been answered satisfactorily.

b) I consent voluntarily to be a participant in this study and understand that I can  

refuse to answer questions and I can withdraw from the study at any time, without

having to give a reason.

d) I understand that taking part in the study requires the collection of personal data  

and this will involve audio, videos, pictures and screenshots (conversations among

participants for planning)

**2. Use of my data in the study**

a) I understand that data which can identify me will not be shared beyond the  

project team (the student, the convener and the lab helpers).

b) I agree that the data provided by me may be used for the following purposes:

* Presentation and discussion of the project and its results in teaching   activities (e.g., in tutorials, meetings with the convener, coursework report).

c) I give permission for my words to be quoted for the purposes described above.  

d) I give permission for my visual image contained in photos or video gathered  

during the research to be used for the purposes described above.

**3. Reuse of my data**

a) I give permission for the data that I provide to be reused for the sole purposes of  

future research and learning.

b) I understand and agree that this may involve depositing my data in a data  

repository, which may be accessed by other researchers

**4. Security of my data**

a) I understand that safeguards will be put in place to protect my identity and my data  

during the research, and if my data is kept for future use.

b) I confirm that a written copy of these safeguards has been given to me in the  

University’s privacy notice, and that they have been described to me and are acceptable.

**Please tick the appropriate boxes Yes No**

c) I understand that no computer system is completely secure and that there is a risk  

that a third party could obtain a copy of my data.

**5. Copyright**

a) I give permission for data gathered during this project to be used, copied, excerpted,  

annotated, displayed and distributed for the purposes to which I have consented.

**6. Signatures (sign as appropriate)**

**Name of participant** (IN CAPITALS) Signature Date

If applicable:

For participants unable to sign their name, mark the box instead of signing

I have witnessed the accurate reading of the consent form with the participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

**Name of witness** (IN CAPITALS) Signature Date

I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

**Name of researcher** (IN CAPITALS) Signature Date

**7. Researcher’s contact details**

Provide the participant with a copy of the completed form either by email or hard copy as they prefer.

Name: Andy Pagès

Phone: +33687037087

Email: psxap8@nottingham.ac.uk