**EXAMPLE 1: INFORMED CONSENT FORM FOR ADULTS**

1. **Project Title**
XXXXX
2. **Invitation**
You are being asked to take part in a research study regarding the development of your virtual reality installation called *XXXX*. This installation was developed from September 2019 – February 2020 during the minor ‘Virtual Reality Experience’ at the Amsterdam University of Applied Sciences (AUAS) and commissioned by Oude Kerk. In this research, we will analyse the (thus, your) design process of this installation, where we will be specifically looking at the way the design itself and the choices you made relates to the core values of Oude Kerk.

The goals of the research are:

* + to gain insight into the process and design choices that were made to create a valuable experience for Oude Kerk;
	+ to better understand how designers can design embodied experiences for sites like Oude Kerk, or in specific, the Oudekerkstoren, and share these insights with other practitioners;
	+ to embed the findings in the PhD research of XXXX, whose research dives into the design practices of embodied, virtual experiences on heritage sites.
1. **What do we ask of you?**We kindly ask your permission to use your process book and other relevant documents, such as the presentations and transfer documents that were created during this minor.
	* I hereby give my permission to use my process book*:\**
		+ Yes
		+ No
	* I hereby give my permission to use other relevant documents regarding the design of *XXXX*, such as the presentations and transfer documents that were created during the minor:*\**
		+ Yes
		+ No

If you gave us your permission to use your process book, we would like to know how we should handle the data. This is especially relevant as you are the makers of the installation, and we want to make sure to preserve your anonymity but also do justice to the work that you have done:

* The researchers may use my full name when crediting the designers of *XXXX* (think of articles, presentations and the PhD dissertation):*\**
	+ Yes
	+ No
* The researchers may publish (parts of) my process book when publishing about *XXX:\**
	+ Yes, and I do not feel the need to preview this before publishing.Yes, but I prefer to preview the result before publishing. The researchers will give me two (2) weeks to review it.
	+ No, but I do realise that 1) the researchers themselves have my contact details and that 2) reviewers of the article / other researchers might want to look at the data that the researchers have used for this study. The researchers will anonymise my process book and other files that they have used that includes my name.

Lastly, if you want, we can organise an interview to take your personal perspective regarding the design process of *XXXX* into account.*\**

* Yes, I would like to participate in this study through an interview. I understand that this interview will be recorded and that my remarks, including the datafiles, will be handled according to the guidelines as mentioned in part 7.
* No, I do not wish to further participate in this study through an interview.

*\*please check the box that applies to you, or remove one of the answers.*
1. **Participants rights**You have the right to have your questions about the procedures answered (unless answering these questions would interfere with the study’s outcome). If you have any questions as a result of reading this information sheet, you should ask the researcher before the study begins.

You may decide to stop being part of the research study at any time without explanation. You have the right to ask that any data you have supplied to that point be withdrawn/destroyed.
2. **Benefits and risks**There are no benefits or risks for you in this study.
3. **Cost, reimbursement and compensation**Your participation in this study is voluntary and includes no fee.
4. **Confidentiality / anonymity**All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Please note that your data will only be used for research purposes. As previously mentioned, the documentation of your design process during the development of *XXXX* will be the main source for data collection. If you wish to participate in the interview, audio (or, with your consent, video files) with be gathered as a primary data source, which will be transcripted and analysed. During the study, your data will be safely stored on SURFdrive (ASUAS) in encrypted file formats, and only research staff will have access to this information. Encrypted file formats will be separately stored from the encryption key. After the study ends, only the data that is relevant for dissemination and further research purposes, will be archived for ten (10) years on fishare (ASUAS – dissemination purposes) SURFdrive (AUAS – storage general data) and Darkstore (VU – storage sensitive data). Again, encrypted file formats will be separately stored from the encryption key. After those 10 years, the data will be deleted by both the researcher and the organizations. Confidentiality will be provided to the fullest extent possible by law.
5. **For further information**XXXXX will be glad to answer your questions about this study at any time. You may contact her/him via [mailaddress], [telephone number] or find her/him at the office (Address).

If you have any complaints and feel you cannot discuss this with the researcher, please contact Rita van der Schriek-Hermans, via clue@vu.nl, +31205982876, or find her at the office (VU Amsterdam, De Boelelaan 1105, 1081 HV Amsterdam).

We thank you for taking the time to read this informed consent and, hopefully, your participation.

Best regards,

|  |  |  |
| --- | --- | --- |
| [names researchers involved] |  |  |
|  |  |  |

1. **Signature – Informed Consent**

*Project title*

*Project summary*

By signing below, I am agreeing that: 1) I have read and understood the Participant Information Sheet, 2)

questions about my participation in this study have been answered satisfactorily, 3) I am aware of the

potential risks (if any), and 4) you are taking part in this research study voluntarily (without coercion).

|  |  |
| --- | --- |
| **Date:** *please fill out the date here* |  |
| **Participant’s Name\****please fill out your name here* | **Participant’s Signature***please fill out your signature here* |
| **Name of person obtaining consent** | **Signature of person obtaining consent** |

\*Participants wishing to preserve some degree of anonymity may use their initials.

**EXAMPLE 2: INFORMED CONSENT FORM FOR ADULTS (SHORT)**

*Please read the information letter and this consent form carefully before you decide to participate in this study.*

I, the undersigned, confirm that (please tick box as appropriate):

|  |  |  |
| --- | --- | --- |
| 1. | I have read and understood the information about the project, as provided in the information letter dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | 🞏 |
| 2. | I have been given the opportunity to ask questions about the project and my participation. | 🞏 |
| 3. | I voluntarily agree to participate in the project. | 🞏 |
| 4. | I understand I can end my participation at any time without giving reasons. | 🞏 |
| 5. | I understand that the researcher will make audio and video recordings of me. These recordings will not be distributed and will be stored securely. I understand that only the researcher will have access to these recordings and that they will be destroyed by December 2031. | 🞏 |
| 6. | I understand that all the data obtained from my participation will remain confidential. And I will treat the information from other participants in this focus group as confidential. | 🞏 |
| 7. | I understand that the analyses and final results will be formatted anonymously. The researcher may present some of the findings publicly at conferences or in publications, but my identity will not be identified in the published reports. | 🞏 |
| 8. | I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form. | 🞏 |
| 9. | Select only **one** of the following:* I would like my name used and understand that what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognized.
* I do not want my name used in this project.
 | 🞏 |
| 🞏 |
| 10. | I, along with the researcher, agree to sign and date this informed consent form.  | 🞏 |

**Participant:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Signature Date

**Researcher:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Signature Date

**EXAMPLE 3: INFORMED CONSENT FORM FOR CHILDREN**

# Consent form

|  |  |
| --- | --- |
| Name of child: |  |
|  |
| Legal representative (the undersigned below) |
| Name: |  | Sex: | M / F |
| Date of birth:(dd-mm-yyyy) | - - | Place of birth: |  |
| Relationship to the child |  |
| Email: |  |

The undersigned declares that they agree to their child’s participation in the scientific research study entitled:

“Children with Cochlear Implants in Mainstream Educational Programs: Analysis of Acoustic and Linguistic Barriers to Inclusive Primary Education”.

[fill in the relevant description of the subproject (see below)]

The undersigned declares the following (tick as appropriate):

* I have received sufficient information about the nature of the study, its objective and how it will be conducted specifically;
* I am aware that I can withdraw my child from the study at any point, without any consequences;
* I have been informed that the results of this study may be used for scientific purposes (such as publications and conferences) and that all personal details and data will be anonymized;
* I have been informed that there are no costs or compensation connected to participation in this study;
* I am aware that I can always contact the researcher if I have any questions.

I fully understand this consent form and sign it without being under any obligation. By signing this consent form, I explicitly consent to my child participating in the study as described.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (dd-mm-yyyy) |  | Location |  | Signature |
|  - -  |  |  |  |  |

Project descriptions

[1] This project examines the acoustic and linguistic characteristics of the range of spoken language in mainstream classrooms by children with and without cochlear implants. The school results are also part of the study. The compiled test results and data will always be processed anonymously in the study. For the purposes of this study, we request your consent for the following tests and for access to the following data (tick as appropriate):

* a standard hearing test;
* sound recording for part of a day at school with the aid of a portable recording device;
* tests for speech intelligibility of numbers, words and sentences (listening and repeating);
* collecting information about the child’s listening behaviour using a questionnaire filled in by the teacher;
* data on the child’s academic performance from the pupil monitoring system from the current year.

[2] This project examines the differences in speech intelligibility skills of children with cochlear implants compared with children without cochlear implants. During the study, your child is asked to listen to various sentences in Dutch, which they must repeat. We will also ask your child to do a number of tasks to gather information about your child’s working memory and attention.

[3] This project examines the effectiveness of training methods to improve the speech intelligibility of children with a cochlear implant. Your child will be monitored for a period of 9-12 weeks and within that period will do a series of exercises for 3-4 weeks. The test consists of listening to spoken sentences. Your child’s skills will be tested at four moments in the test.

**EXAMPLE 4: INFORMED CONSENT FORM FOR TEACHER/CLASS MATE**

# Teacher consent form (the undersigned below)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Sex: | M / F |
| Date of birth:(dd-mm-yyyy) | - - | Place of birth: |  |
| Email: |  |

The undersigned declares that they consent to participation in the scientific research study entitled:

“Children with Cochlear Implants in Mainstream Educational Programs: Analysis of Acoustic and Linguistic Barriers to Inclusive Primary Education”.

This study examines the acoustic and linguistic characteristics of the range of spoken language in mainstream classrooms by children with cochlear implants. For this study we will make a sound recording for part of a day at school with the aid of a portable recording device. One or two children in the class will wear this recording device on them. It is highly likely that your voice will be heard on this recording. Any clips will not be linked to your identity.

The undersigned declares the following (tick as appropriate):

* I received sufficient information about the nature of the study, its purpose and how it will be conducted specifically;
* I am aware that I can withdraw from the study at any point, without any consequences;
* I have been informed that the results of this study may be used for scientific purposes (such as publications and conferences) and that all personal details and data will be anonymized;
* I have been informed that there are no costs or compensation connected to participation in this study;
* I am aware that I can always ask the researcher questions.

I fully understand this consent form and sign it without being under any obligation. By signing this consent form, I explicitly consent to participation in the study as described.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (dd-mm-yyyy) |  | Location |  | Signature |
|  - -  |  |  |  |  |

# Consent form class mate

|  |  |
| --- | --- |
| Name of child: |  |
|  |
| Legal representative (the undersigned below) |
| Name: |  | Sex: | M / F |
| Date of birth:(dd-mm-yyyy) | - - | Place of birth: |  |
| Relationship to the child |  |
| Email: |  |

The undersigned declares that they consent to their child’s participation in the scientific research study entitled:

“Children with Cochlear Implants in Mainstream Educational Programs: Analysis of Acoustic and Linguistic Barriers to Inclusive Primary Education”.

This study examines the acoustic and linguistic characteristics of the range of spoken language in mainstream classrooms by children with cochlear implants. For this study we will make a sound recording for part of a day at school with the aid of a portable recording device. For this study we will make a sound recording for part of a day at school with the aid of a portable recording device. One or two children in the class will wear this recording device on them. There is a likelihood that your child’s voice will be heard on this recording. Any clips will not be linked to your child’s identity.

The undersigned declares the following (tick as appropriate):

* I received sufficient information about the nature of the study, its purpose and how it will be conducted specifically;
* I am aware that my child can withdraw from the study at any point, without any consequences;
* I have been informed that the results of this study may be used for scientific purposes (such as publications and conferences) and that all personal details and data will be anonymized;
* I have been informed that there are no costs or compensation connected to participation in this study;
* I am aware that I can always ask the researcher questions.

I fully understand this consent form and sign it without being under any obligation. By signing this consent form, I explicitly consent to my child participating in the study as described.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (dd-mm-yyyy) |  | Location |  | Signature |
|  - -  |  |  |  |  |

**EXAMPLE 5: INFORMED CONSENT FORM FOR SCHOOL**

# School consent form

|  |  |
| --- | --- |
| Name of school: |  |
| Address: |  |
| Postcode |  | Location: |  |
| Telephone: |  |
| Email: |  |
|  |
| Representative (the undersigned below) |
| Name: |  |

The undersigned declares that they consent to the above school’s participation in the scientific research study entitled:

“Children with Cochlear Implants in Mainstream Educational Programs: Analysis of Acoustic and Linguistic Barriers to Inclusive Primary Education”.

The current project studies the possible acoustic and linguistic factors that influence the academic performance of children with a cochlear implant joining year 3 of mainstream primary education (ages 5-7). This includes the acoustic and linguistic characteristics of the range of spoken language, the children’s academic performance, the speech intelligibility in different linguistic and acoustic settings, and the effect of exercises. Analyses will also be made of the acoustics in one or more classrooms at school.

The undersigned declares the following (tick as appropriate):

* I have received sufficient information about the nature of the study, its objective and how it will be conducted specifically;
* I am aware that granted consent can be withdrawn at any point, without any consequences;
* I have been informed that each participant in this study will be asked individually for their consent;
* I have been informed that the results of this study may be used for scientific purposes (such as publications and conferences) and that all personal details and data will be anonymized;
* I have been informed that there are no costs or compensation connected to participation in this study;
* I am aware that I can always ask the researcher questions.

I fully understand this consent form and sign it without being under any obligation. By signing this consent form, I explicitly consent to my participation in the study as described.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (dd-mm-yyyy) |  | Location |  | Signature |
|  - -  |  |  |  |  |

**EXAMPLE 6: INFORMED CONSENT FORM FOR SCHOOL USE AUDIO CLIP (ADULT/CHILD)**

# Consent form for use of audio clip

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Sex: | M / F |
| Date of birth:(dd-mm-yyyy) | - - | Place of birth: |  |
| Email: |  |

The undersigned declares that they consent to making an audio clip available online as part of the scientific research study entitled:

“Children with Cochlear Implants in Mainstream Educational Programs: Analysis of Acoustic and Linguistic Barriers to Inclusive Primary Education”.

Based on the above study, an online application has been developed to make information about listening situations that children are faced with at school widely available. The audio material for this application is compiled from representative clips from sound recordings collected during the scientific research study. Your voice will be heard on one or more recordings used in the application. These clips will not be linked to your identity.

The undersigned declares the following (tick as appropriate):

* I have been able to listen to the audio clip/clips fully and to my satisfaction before signing this form;
* I have received sufficient information about the purpose and specific use of the audio clip in the described application;
* I am aware that granted consent can be withdrawn at any point, without any consequences; If the clip has already been published when the consent is withdrawn, use of the clip will be cancelled as far as possible within a reasonable term and manner;
* I have been informed that the publication of the audio clip will be anonymized;
* I have been informed that there are no costs or compensation connected to the use of this audio clip;
* I am aware that I can always ask the researcher questions.

I fully understand this consent form and sign it without being under any obligation. By signing this consent form, I explicitly consent to the audio clip being used and published as described.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (dd-mm-yyyy) |  | Location |  | Signature |
|  - -  |  |  |  |  |

# Consent form for use of audio clip child

|  |  |
| --- | --- |
| Name of child: |  |
|  |
| Legal representative (the undersigned below) |
| Name: |  | Sex: | M / F |
| Date of birth:(dd-mm-yyyy) | - - | Place of birth: |  |
| Relationship to the child |  |
| Email: |  |

The undersigned declares that they consent to making an audio clip available online as part of the scientific research study entitled:

“Children with Cochlear Implants in Mainstream Educational Programs: Analysis of Acoustic and Linguistic Barriers to Inclusive Primary Education”.

Based on the above study, an online application has been developed to make information about listening situations that children are faced with at school widely available. The audio material for this application is compiled from representative clips from sound recordings collected during the scientific research study. Your child’s voice will be heard on one or more recordings used in the application. Any clips will not be linked to your child’s identity.

The undersigned declares the following (tick as appropriate):

* I have been able to listen to the audio clip/clips fully and to my satisfaction before signing this form;
* I have received sufficient information about the purpose and specific use of the audio clip in the described application;
* I am aware that granted consent can be withdrawn at any point, without any consequences; If the clip has already been published when the consent is withdrawn, use of the clip will be cancelled as far as possible within a reasonable term and manner;
* I have been informed that the publication of the audio clip will be anonymized;
* I have been informed that there are no costs or compensation connected to the use of this audio clip;
* I am aware that I can always ask the researcher questions.

I fully understand this consent form and sign it without being under any obligation. By signing this consent form, I explicitly consent to the audio clip being used and published as described.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (dd-mm-yyyy) |  | Location |  | Signature |
|  - -  |  |  |  |  |