

Interaction Discovery Workshop

Participant Information Number:

Please initial the appropriate boxes

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. I confirm that I have read and understood the information sheet for the above study, I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I agree to: | | |
| Take part in the activity | <input type="checkbox"/> | <input type="checkbox"/> |
| Complete a short questionnaire on my role and level of experience | <input type="checkbox"/> | <input type="checkbox"/> |
| Allow the information I supply to be used anonymously in reports, publications, presentations or other appropriate dissemination methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand that a summary of the results of the workshop will be posted on the project website on completion (www.interaction-discovery.org.uk) and that I will have the opportunity to remove any of my workshop contributions that I do not wish to be included in the study, provided that I do so before the end of the workshop. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of participant Date Signature

Name of researcher Date Signature