

Informed Consent Form

To: [name of student]

From: [name of interviewee or participant]

Address & contact number: [of interviewee or participant]

Email: [of interviewee or participant]

Date: [•]

Project Title:

Project Summary:

I hereby confirm and agree that I have consented to contribute to the Project described above and that I am aware that my contribution will be recorded for the purpose of inclusion in whole or in part.

The nature of the project has been fully explained to me and I agree that any material recorded may be used when writing an essay for the Design Context 2 course: Material Me (Edinburgh College of Art, The University of Edinburgh). I also understand that as a default, the collected data will only be seen by academic staff associated with the course and will not be linked to any identifying information (e.g., name, address, email) supplied above unless otherwise stated in point 1 below.

Considering the nature of this project I also understand that my participation is voluntary and therefore I shall not be entitled to any payment.

[1] I will authorize the dissemination of persona data obtained in this study (e.g.: name, age, and occupation).

.....
Participant's Name (Printed)

[2] I will not authorize the dissemination of persona data obtained in this study (e.g.: name, age, and occupation).

.....
Participant's Name (Printed)

.....
Participant's signature

INFORMED CONSENT EXAMPLE FORMS

CONSENT FORM

Research Title:

Principal Investigator:

Please initial box

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

I agree to take part in the above study

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

I agree that material gathered in this study to which I have contributed may be stored and used for future research.

I agree that material gathered in this study to which I have contributed may be stored for future exhibition.

Please tick box

Yes

No

I agree to allow the researchers to observe aspects of my practice

I agree to my participation being audio recorded

I agree to my participation being video recorded

I agree to the use of non-anonymised quotes in publications

I agree to the use of anonymised quotes in publications

Name of Participant

Date

Signature

Name of Researcher

Date

Signature



Photography/Film Consent Form

I hereby consent to the University capturing my image in photography and/or video recordings.

I hereby consent to the University using my image when I have been caught in photography and/or video recordings, taken/recorded on
[insert date] at [insert location] for use in
..... [insert details]

I hereby consent to the photographs and/or video recordings being used in other University-wide marketing and promotional communications, including on the University website, in University social media, and on University hoardings.

I hereby consent to the photographs and/or video recordings being used by University-associated third parties, on their websites or elsewhere in their marketing materials.

I understand that:

- my images will be held in accordance with the General Data Protection Regulation and the Data Protection Act 2018;
- my image will be held indefinitely, for promotional purposes, unless I withdraw my consent;
- I can withdraw my consent at any time by emailing [insert email address]. I understand that if the photograph has already been used in printed publications, then the University will not be able to recall all documents in which the image has appeared. However, the University will delete my image from their database and will go to all reasonable efforts to stop using the image in future.

Signature:

Print Name:

Date:

Address: