



Queen Margaret University
EDINBURGH



Tongue and lip movement during speech **Consent Form (participant copy)**

I have read and understood the information sheet and this consent form. I have had an opportunity to ask questions about the project.

I understand that I am under no obligation to take part in this study, and that I have the right to withdraw from this study at any stage before or during data collection, without giving any reason.

Please indicate that you give consent to take part in this study by ticking the YES box.

I agree to participate in this study and that audio recordings of my voice, ultrasound recordings of my tongue and video of my lip movements can be stored indefinitely and used for academic purposes (e.g. analysis, research, academic conference presentations, public engagement lectures, publications and future applications for research funding).	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>

Please indicate whether you give consent to anonymised audio recordings, ultrasound tongue image recordings and lip video created during this study to be used in any of the following ways.

- | | | |
|--|-----|--------------------------|
| • They can be used in teaching at <i>Queen Margaret University</i> (QMU) and the <i>University of Glasgow</i> (GU). | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| • They can be copied for analysis by other researchers outside QMU/GU for their own academic research projects with permission of the current research team. | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| • They can be broadcast to an audience on laboratory open days, science festivals and other public, non-professional talks and presentations. | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |
| • Selected recordings can be made publically available on the internet | YES | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> |

Name of participant _____

Signature: _____

Investigator _____ Date:/...../.....

Further information is available from: Dr Eleanor Lawson elawson@qmu.ac.uk Tel: 0131 474 0000



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Tongue and lip movement during speech **Consent Form (researcher copy)**

I have read and understood the information sheet and this consent form. I have had an opportunity to ask questions about the project.

I understand that I am under no obligation to take part in this study, and that I have the right to withdraw from this study at any stage before or during data collection, without giving any reason.

Please indicate that you give consent to take part in this study by ticking the YES box.

I agree to participate in this study and that audio recordings of my voice, ultrasound recordings of my tongue and video of my lip movements can be stored indefinitely and used for academic purposes (e.g. analysis, research, academic conference presentations, public engagement lectures, publications and future applications for research funding).

YES ☐

NO ☐

Please indicate whether you give consent to anonymised audio recordings, ultrasound tongue image recordings and lip video created during this study to be used in any of the following ways.

- | | |
|---|---|
| <ul style="list-style-type: none"> • They can be used in teaching at <i>Queen Margaret University</i> (QMU) and the <i>University of Glasgow</i> (GU). • They can be copied for analysis by other researchers outside QMU/GU for their own academic research projects with permission of the current research team. • They can be broadcast to an audience on laboratory open days, science festivals and other public, non-professional talks and presentations. • Selected recordings can be made publically available on the internet | <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> |
|---|---|

Name of participant _____

Signature: _____

Investigator _____ Date:/...../.....

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