



Participant code:

## CONSENT

**Name of Researcher:**

**Name of Supervisor: Dr. Merryn Constable**

**Project Title:** Pose estimation for health professional education: Development of an objective computerized approach for measuring and assessing technical competencies

Please indicate how you consent to your data being accessed:

Video and Demographic (Age/Gender/Expertise Level) Data

- Research team only.
- Uploaded securely to a data repository with faces blurred. Other researchers may apply to access.

Evaluation Data

- Research team only.
- Uploaded securely to a data repository which other researchers may apply to access.

Do you consent to the researchers presenting your data in raw form (faces blurred) as a demonstration in the case of scientific reporting?

- Yes
- No

I consent to the video collection of my performance and to that performance being evaluated. I understand the nature of the study, and what is required from me. I understand that after I participate I will receive a debrief providing me with information about the study and contact details for the researcher. I understand I am free to withdraw from the study at any time, without having to give a reason for withdrawing, and without prejudice. I understand that I can request for my data to be removed from the data set by providing my unique code. I agree to provide information to the investigator and understand that my data will be kept and used in the way that I have consented to above.

Name:

Witness name:

Signature:

Witness signature:

Date:

Date: