

## Designing Homes for Healthy Cognitive Ageing (DesHCA) Project - Older People Virtual Reality Design Consultations

### Participant Consent Form

GUEP Approval Number 2098

Participant number \_\_\_\_\_

| Please initial box   |  |
|--|--|
| I confirm that I have read and understood the information sheet explaining the above research project, and I have had the opportunity to ask questions about the project.  |  |
| I understand that my participation is voluntary, and that I am free to withdraw at any time during the study and withdraw my data within 30 days without giving a reason, and without any penalty. I understand that beyond the point when data analysis has started, it may not be possible to remove my data from the study.   |  |
| I understand that the research will involve activities that make use of new technologies, including using virtual reality (VR) equipment, and participating in internet-based video calls.<br><br>I understand that I should not use the VR equipment provided by the researchers before being instructed on how to use it. I agree not use the VR equipment unless someone else, who has agreed to support me, is present when I am using the equipment. I understand that if I have any concerns in advance of the activities this should be discussed with the researchers, and that if I feel discomfort during the activity I should immediately discontinue by removing the equipment. |  |
| I consent to possible separate audio, photographic, and/or video recordings related to my conversations with researchers about the study. I understand that this information will be anonymised, and I give permission for members of the research team to have access to my anonymised information.   |  |

|  |  |
|--|--|
| I understand how my data will be used in research outputs. I am aware that I will not be named in any research outputs, but I could be identified by people I know through the stories I tell. |  |
| I give permission for the information collected during my participation in this research to be used in connection with presenting, reporting, or other sharing of findings from this project.  |  |
| I consent to the storage of the anonymised data collected during my participation in the study on the UK Data Service, to support further studies.   |  |
| I would like to receive a copy of any written research outputs.  |  |
| I agree for my personal data to be kept in a secure database so I can be contacted about further phases of this study.   |  |
| I agree to take part in this study.  |  |

**Name of Participant**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

**Name of Researcher**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

The following questions will help the research team keep a record of the different groups that have had an opportunity to feed into the DesHCA research.

Please answer the questions you feel comfortable with.

|  |  |
|--|--|
| What is your age?  |  |
| How would you describe your gender?  |  |
| How would you describe your ethnicity?   |  |
| What is the first part of the postcode where you live?   |  |
| Please describe the type of home your currently live in (house, flat, bungalow etc.)   |  |
| Do you own your own home, rent from a private landlord, rent from a local authority, live with family or friends, or something else? |  |