



## Designing Homes for Healthy Cognitive Ageing (DesHCA) Project – Professional Stakeholders Virtual Reality Design Consultations

### Participant Consent Form

GUEP/NICR Approval Number [Insert]

Participant number [Insert]

Please initial box	
I confirm that I have read and understood the information sheet dated _____ 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.	
<p>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.</p> <p>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.</p>	
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.	
<p>I understand that the information I give is confidential and any publication resulting from this work will not identify me personally.</p> <p style="text-align: center; padding: 10px 0;"><b>OR</b></p> <p>I would like the information that I give to be attributed and do not require a pseudonym in any publication resulting from this work.</p>	<p><b>Anonymous</b></p> <hr/> <p><b>Attributed</b></p>



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:** [Click here to enter a date](#)

**Name of Researcher**

**Signature:**

**Date:** [Click here to enter a date](#)