

**CONSENT FORM**

Title of research project:

**Generative AI and Skills in SMEs: A Study of Skills Replacement and Augmentation in Digital and Media Firms in Greater Brighton**

SREC reference and committee: 2307

Name of Principal Investigator: Dr Dimitrinka Stoyanova Russell

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| --- | --- |
|  | **Please initial box** |
| I confirm that I have read the information sheet dated 19th March 2024 version 2 for the above research project. |  |
| I confirm that I have understood the information sheet dated 19th March 2024 version2 for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily. |  |
| I understand that my participation is voluntary and I am free to withdraw at any time without giving a reason and without any adverse consequences (e.g. to my legal rights). I understand that if I withdraw, information about me that has already been obtained may be kept. |  |
| I understand that data collected during the research project may be looked at by individuals from Cardiff University, project team or from regulatory authorities, where it is strictly necessary and/or relevant to my taking part in the research project. |  |
| I understand that my personal information: age, education, name and gender will be processed for the purposes explained to me, as set out in the information sheet.  I understand that such information will be held in accordance with all applicable data protection legislation and in strict confidence, unless disclosure is required by law or professional obligation. I have been informed of my rights under data protection legislation and how I can raise any concerns. |  |
| I understand who will have access to any personal information provided, how it will be managed, and what will happen to the data at the end of the research project. |  |
| I understand that after the research project, de-identified data will be [made publicly available via a data repository and may be used for purposes not related to this research project. I understand that it will not be possible to identify me directly or indirectly from this data. |  |
| I consent to being audio/video recorded for the purposes of the research project and I understand how it will be used in the research. |  |
| I understand that excerpts and/or verbatim quotes from my interview may be used as part of the research publication but that I will not be identifiable. |  |
| I understand how the findings and results of the research project will be written up and published. |  |
| I agree to take part in this research project. |  |

Name of participant (print) Date Signature

Name of person taking consent Date Signature

(print)

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**Role of person taking consent**

**(print)**

**THANK YOU FOR PARTICIPATING IN OUR RESEARCH**

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP**