

## CONSENT FORM

### Investigating Perceptions in public Trust and AI Safety in Two communities

Participant Identification Number:

Please tick your chosen answer		YES	NO
1.	I confirm that I have read the participant information sheet version ..... , date ..... for the above study.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.	<input type="checkbox"/>	<input type="checkbox"/>
4.	I agree to participate in the project to the extent of the activities described to me in the above participant information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I understand and agree that my words may be quoted anonymously in research outputs.	<input type="checkbox"/>	<input type="checkbox"/>
6.	I give permission for the researchers named in the participant information sheet to contact me in the future about this research or other research opportunities.	<input type="checkbox"/>	<input type="checkbox"/>
7.	I give permission for a fully anonymised version of the data I provide to be deposited in an Open Access repository so that it can be used for future research and learning.	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____
Name of person taking consent	Date	Signature