

## Participant Consent Form – for parents and guardians

Project title	De-anthropomorphising LLMs through experiential learning: building workshops with young people
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Researcher	Rayo Verweij – rayo.verweij@ed.ac.uk

Please tick yes or no for each of these statements.

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | I confirm that I have read and understood the Participant Information Sheet for the above study, that I have had the opportunity to ask questions, and that any questions I had were answered to my satisfaction.                       | Yes                      | No                       |
|    |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I understand that my child's participation is voluntary; that my child can withdraw or I can withdraw my child at any time without giving a reason. Withdrawing will not affect any of my or my child's rights.                         | Yes                      | No                       |
|    |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I consent to my child's anonymised data being used in academic publications and presentations.  | Yes                      | No                       |
|    |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | I understand that my child's anonymised data can be stored for a maximum of 3 years.  | Yes                      | No                       |
|    |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I allow my child's data to be used in future ethically approved research.<br><i>(Note: even if you say 'no' to this, your child can still participate in the study, but the collected data will only be seen by the research team.)</i> | Yes                      | No                       |
|    |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I agree to my child taking part in this study.  | Yes                      | No                       |
|    |   | <input type="checkbox"/> | <input type="checkbox"/> |

If you give permission for your child to participate, **please fill out the sections on the back** of this page and **make sure your child takes these forms with them to the study.**

If you do **NOT** wish to give permission, you do not need to do this. We will not ask your child to participate.



Full name of participating child: \_\_\_\_\_

Child's date of birth (DD/MM/YYYY): \_\_\_\_\_

Your relationship to the child: \_\_\_\_\_

Your name (please print clearly): \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

*The following will be filled out by the researcher once the form is returned.*

Name of person taking consent	Date	Signature
_____	_____	_____

