CONSENT FORM

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project Title: Emotion recognition using facial expression and physiological sensors

Principal Investigators: Prof. Mark Billinghurst, Prof. Elizabeth Broadbent, Associate Prof. Suranga Nanayakkara

Researchers: Nastaran Saffaryazdi and Nikita Kirkcaldy

- I have read the Participant Information Sheet.
- I have understood the nature of the research and why I have been selected.
- I have had the opportunity to ask questions and have had them answered to my satisfaction.
- I agree to take part in this research.
- I have been informed of and understand the risks associated with taking part in this research study.
- I understand that participation is voluntary and that I may withdraw at any time without needing to provide a reason.
- For one month after my participation, I will still have the right to request that my data be withdrawn from the study.
- My name will appear only on this form. The data from this research will be stored confidentially, coded by number, which will be non-traceable to me.
- I understand that any information or opinions I provide will be kept confidential, and will only be accessed by the researchers named on this project.
- All data will be kept for a period of six years to allow for publication and future re-analysis, after which it will be securely and confidentially disposed by researchers or participants demand.
- I understand that the anonymous Physiological data will be made available for other researchers in the area. I understand that this will be shared with researchers who have signed a license agreement.
Please indicate your agreement with the following statements by marking the appropriate response:

- I consent to be videotaped. ☐ Yes ☐ No
- I consent to my video recording be shared with other researchers in the field anonymously. (If they sign the license agreement)
  ☐ Yes ☐ No
- I consent to agree with displaying my physiological data in academic publications or demos anonymously if researchers want to use it.
  ☐ Yes ☐ No
- I consent to agree with displaying my image or video in academic publications or demos anonymously if researchers want to use it. ☐ Yes ☐ No
- I consent to my audio recording be shared with other researchers in the field anonymously. (If they sign the license agreement)
  ☐ Yes ☐ No
- I consent to agree with using my audio data in academic publications or demos anonymously if researchers want to use it.
  ☐ Yes ☐ No
- I consent to have electrodes for EEG attached to my head during the experiment ☐ Yes ☐ No
- I wish to receive a summary of the findings. ☐ Yes ☐ No

If YES, provide an email address: ______________________________

Name: ______________________________
Signature: ______________________________ Date: __ __ / __ __ / ____

Approved by the University of Auckland Human Participants Ethics Committee on 02/03/2020 for three years. Reference Number 023799