

## INFORMED CONSENT FORM

### STUDY: A Case Study on Mourning, Emerging Technologies, and Public Health in Ireland

There are **two sections** in this form.

**Section 1** contains statements of understanding and asks you to tick each if you understand. Please ask any questions you may have when reading each of the statements.

**Section 2** asks for your informed consent. Please select either 'yes' or 'no' to indicate your choice.

Thank you for participating.

The end of this form is for the researchers to complete.

1. General Understanding	Tick				
I confirm that I have read and understood the Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.					
I understand that taking part in this study is entirely voluntary. I understand that not taking part will have no negative impact on me.					
I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from this research project up to 90 days after the completion of this interview. I understand that there will be no negative consequences for leaving this study now or in the future.					
I understand that I will not be paid for taking part in this study or receive any benefits from any products developed as a result of this research study.					
I know how to contact the research team if I need to.					
<p><b>By ticking each box above and choosing my options below <u>and</u> signing this document I agree to participate in 'X' study as described in the Participant Information Leaflet.</b></p>					
2. Consent					
I agree to take part in this research study, having been fully informed of the risks and benefits in the participant information leaflet provided to me.	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
I agree to the use of information about me (personal data), including basic data about me such as name, age, address, occupation, contact information, and my responses during interviews about my experiences related to	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				



mourning and technology, being used by the research team for this research study as described in the participant information leaflet.			
<p>I agree to information about me (personal data), including de-identified recorded interviews and transcripts, being shared with an appropriate archival institution for the purpose of sharing them with future researchers and the public.</p> <p>(i) In Europe</p> <p>(ii) Internationally</p>	<p>Yes No</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>		
<p>I agree to take part in a recorded interview where I am identified. I understand that the researcher will process this recording, creating a transcript, and will use this material in subsequent research outputs including a dissertation and the potential of published material.</p>	<p>Yes No</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>		
<p>I am fully aware that I will have an opportunity after the recording to consider whether to sign the associated Recording Agreement allowing my full interview to be made publicly available subject to any closure or restrictions that I might request.</p>	<p>Yes No</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>		
<b>3. Recording Agreement</b>			
<p>Having already agreed to participate in this project, I now grant permission to the “A Case Study on Mourning, Emerging Technologies, and Public Health in Ireland” project to permanently retain and use my recorded interview consisting of the recollections of a contributor and constituting a literary work as defined by the Copyright and Related Rights Act, 2000.</p>	<p>Yes No</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>		
<p>As present owner of copyright in the contributor content (i.e. the words spoken by the participant), I hereby assign such copyright to the project “A Case Study on Mourning, Emerging Technologies, and Public Health in Ireland” on the understanding that the content will not be used in a derogatory manner and that I will not be identified as a contributor.</p>	<p>Yes No</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>		
<p>In assigning my copyright, I understand that I am giving the project “A Case Study on Mourning, Emerging Technologies, and Public Health in Ireland” the right to use and make available the content of the recorded interview in the following ways:</p> <ul style="list-style-type: none"> <li>- Public talks or lectures.</li> <li>- Printed publications (books, journals); audio or video (cassettes, DVDs, CD ROM, USB keys); or online (websites).</li> <li>- Public reference purposes in libraries, museums and archives.</li> <li>- Use in schools, universities, colleges and other educational establishments, including use in a thesis, dissertation or similar research.</li> <li>- Use on radio, television or social media.</li> <li>- Use in apps for smartphones / tablets / laptops and computers.</li> <li>- Publication worldwide on the internet.</li> </ul>	<p>Yes No</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>		



I also give permission to the project “A Case Study on Mourning, Emerging Technologies, and Public Health in Ireland” to use and make available the photographs taken of objects the day of the interview alongside sections or the entirety of my interview.

Yes No

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If you do not wish to assign your copyright to the “A Case Study on Mourning, Emerging Technologies, and Public Health in Ireland”, or you wish to limit public access to your contribution in some way, please state these restrictions and conditions here:

.....  
.....  
.....  
.....

Participant Name (Block Capitals)

Participant Signature

Date

Witness Name (Block Capitals)

Witness Signature

Date

**To be completed by the Principal Investigator or nominee.**

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand.

I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the participant information leaflet and consent form to the participant with contact details of the study team.

Researcher name \_\_\_\_\_

Title and qualifications \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Two copies to be created and retained: 1 for Participant, 1 for PI.**