**Participant Consent Form**

**Liverpool City Region Residents’ Assembly on Data and AI Innovation**

Version number & date: Version 3.0, January 10th, 2025

Research ethics approval number: 14870

Name of principle investigator: Emily Rempel

**Please read each statement. Then initial each box.**

1. I confirm that I have read and have understood the information sheet dated 10th January, 2025 for the Assembly or that it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that taking part in the Assembly involves attending four in-person sessions and two online or telephone sessions. I will be asked to take part in group discussions and provide my perspective each day.
3. I understand and agree that there will be notes taken at the Assembly and discussions may be audio recorded on March 13 and 14. The audio recordings will be transcribed. I know that this data (notes and transcriptions) will be used for presentations, analysis, and publications.
4. I understand that my participation is voluntary. I am free to stop taking part at any time without giving any reason. My rights will not be affected.
5. I understand that I am free to decline to answer any question. I understand I am free to decline to take part in any activity.
6. I understand that I cannot ask for access to the information I provide to be removed from audio recordings or notes, as these will be taken in group settings.
7. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool until it is fully anonymised and then deposited in the secure Active Data Research Store.
8. I understand that transcriptions of the group discussions, and digital versions of materials will be retained in the Active Data Research Store for a maximum of ten years following the end of this project.
9. I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the Assembly team.
10. I agree to take part in the Assembly.

**Your name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person taking consent** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have any questions, contact the Assembly team at:**

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