

Informed Consent Form

I am _____ and I am currently learning how to conduct linguistic research outside of the university context. As part of this process, I am making recordings for training purposes. You are invited to help me with my training by serving as a consultant and sharing your knowledge of _____ with me.

If you decide to participate, I will ask you _____

I will audio-record this conversation and use this recording in further training. The conversation will take approximately _____ or however long you wish.

Your participation in this training is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you.

I believe there is little risk to you for participating in my recording. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop the interview or you can withdraw from the project altogether. If at any time you feel that I may have recorded anything which you would prefer that I not keep, tell me and I will erase that recording. Minimal participation in this research study will not result in a loss of privacy, since no-one else apart from me will have access to any identifying information.

There will be no direct benefit to you from participating in my training. The results of the recording will help me learn more about how to conduct research outside of the university context.

As part of my training, I would like to deposit this recording in an archive located within the European Union (most likely Language Archive Cologne). If you agree to your recording being archived, there is a chance that your privacy will be affected. In this case, your name will be replaced by a code, with the key to the code only accessible to me and my tutor. This information will not be shared with others outside this workshop. Any information that can identify you will remain confidential. All transfer of data will be conducted using GDPR-compliant services with servers hosted within the European Union (e.g. WeTransfer).

If you agree to archiving, I also need to know who will be permitted access to read and/or listen to your performance. Persons other than me may view or use your recording and use it for teaching, research, publications, or presentations at scientific meetings without obtaining permission as long as proper credit is given to me (the interviewer) and my tutor (the archiver). If you wish to also receive public credit as a creator of the recording, you may choose to do so with a name of your choosing. This means that you will agree to making your name and voice available to those with access to the recording. Please tell me if and/or how you want to restrict access to your performance, and what type of representation of your performance you are OK with to share:

I agree to the archiving of my recording: ()

I wish for my name to be publicised with my recording: ()

Name: _____

I agree to make transcriptions of my audio-recordings available to:

nobody people authorized by the researcher public access

I agree to make audio-recordings of my performance available to:

nobody people authorized by the researcher public access

In signing this form you are making no commitment to my training. You are always free to withdraw from this project at any time and for any reason.

If you have any questions about this project, you can contact me by _____ at _____ . Please also feel free to contact the tutor of the workshop, Naomi Peck, by email at naomi.peck@linguistik.uni-freiburg.de. More information about the workshop can be obtained by contacting the tutor at any time.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you have received a copy of this form, and that you are not waiving any legal claims, rights or remedies. Please request a copy of this form if you would like to keep it for your records.

Name _____ Signature _____

Researcher's signature _____

Date _____