

Please enter the name of the faculty and the institute / department.

Please enter the name of the applicant / project manager.

***Contact person for any queries:***

Please enter the name of the contact person.

***Phone:*** Please provide the phone number of the contact person.

**Declaration of Consent to Image and/or Sound Recordings**

Title of the study: Please state the title of the study.

I (name of the participant in block capitals)

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have been informed Please select the type of information. by Mr/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that Please select the type of recording. will be made during the course of the study.

The recordings are used to Please describe briefly.

On the Please select the type of recording. taken of me I am potentially recognizable.

Select an option - **Please note**: Please select either the option "Complete Anonymization" or "No Complete Anonymization", and delete the option not selected from this document.:

**["Complete Anonymization"]**

Please select the type of recordings. will be completely anonymized by Please state the date as established in the application. This is done as follows: Please describe the procedure for the complete anonymization of the recordings, such as pixelation and/or voice distortion. To do this, please click on this field and enter text directly.. After complete anonymization, it is no longer possible for anyone to recognize me in the recordings.

Until the anonymization has been completed, there is a very low probability that a person involved in the data evaluation will recognize me. For this reason, all persons involved in the evaluation are subject to absolute confidentiality and may under no circumstances pass on confidential information to third parties.

The recording and the evaluation of the Please select the type of recording. is made Please select the type of coding.. As I may be recognized until anonymization of my recordings has been completed, I have the right to request deletion of such recordings at any time without prejudice. To do so, Please select an option..

The non-anonymized Please select the type of recordings. will be stored in a Please select an option or Other. and deleted after anonymization on Date of deletion as specified in the application. Please select an option. at the latest. As soon as data has been completely anonymized recordings of me cannot be deleted anymore.

I agree that all completely anonymized recordings may continue to be used for research purposes. Please select an option.. Moreover, I agree that all completely anonymized recordings may be used for demonstrations in academic teaching or presented at scientific conferences.

or

**["No complete anonymization"]**

Please select the type of recording. can only be anonymized with great effort. Such an anonymization cannot be guaranteed in this study. Therefore, there will be a very low probability that a person involved in the data evaluation will recognize me in the recordings of me. For this reason, all persons involved in the evaluation are subject to absolute confidentiality and may under no circumstances pass on confidential information to third parties.

The recording and the evaluation of the Please select the type of recording. is made Please select the type of coding..

As I may be potentially recognized, I may request deletion of such recordings at any time without prejudice. To do so, Please select an option..

The Please select the type of recording. will be stored Please select an option, or Other., and deleted after data evaluation on Date of deletion as per application. at the latest.

The Declaration of Consent for the Please select the type of recording. is voluntary. I understand that I may withdraw my consent at any time. If I withhold or withdraw my consent I may do so without prejudice or cost; in that case, participation in the study is Please select an option. possible.

I was given sufficient time to make a decision, and I hereby agree to have a Please select the type of recording. made of me.

I have received a copy of this Declaration of Consent.

Place, date & signature of the participant: Name of the participant in block capitals:

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Place, date & signature of the contact person: Name of the contact person in block capitals:

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In case of any queries I may contact the following persons:

Contact person:
First name and family name of the contact person.

Please provide the office address of the contact person.

BusinessPlease provide the official phone number of the contact person.

Please provide the email address of the contact.

Applicant / Project manager:
First name and family name of the applicant / project manager.

Please provide the office address of the applicant / project manager.

Please provide the official phone number of the applicant / project manager.

Please provide the email address of the applicant / project manager.