

FORM EC3
(Rev. June 11)

University of Hertfordshire

CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

I, the undersigned [*please give your name here, in BLOCK CAPITALS*]

.....
of [*please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address*]

.....
hereby freely agree to take part in the study entitled

Building a comparison matrix of Geographical Information System frameworks focused on their suitability to develop spatial data processing models.

1 I confirm that I am an adult (my age is 18 or above).

2 I confirm I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, and any plans for follow-up studies that might involve further approaches to participants. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

3 I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

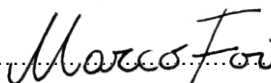
4 I have been given information about the risks of my suffering harm or adverse effects. I have been told about the aftercare and support that will be offered to me in the event of this happening, and I have been assured that all such aftercare or support would be provided at no cost to myself.

5 I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.

6 I have been told what will be done if the study reveals that I have a medical condition which may have existed prior to the study, which I may or may not have been aware of, and which could affect the present or future health of myself or others. If this happens, I will be told about the condition in an appropriate manner and advised on follow-up action I should take. Information about the condition will be passed to my GP, and I may no longer be allowed to take part in the study.

7 I have been told that I may at some time in the future be contacted again in connection with this or another study.

Signature of participant.....Date.....

Signature of (principal) investigator..........Date...14/10/2013.....

Name of (principal) investigator [*in BLOCK CAPITALS please*]
...MARCO...FOI.....