**Participant Consent Form – Audio Recording & Transcription**

Project title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read and complete this consent form before the interview begins.

**Consent statements (please initial each):**

[ ] I confirm that I have read the information about the research and had the opportunity to ask questions.

[ ] I consent to the audio recording of this interview for research purposes.

[ ] I understand that the recording will be transcribed using an automated AI transcription service hosted in the EU (GDPR-compliant).

[ ] I understand that the research team will review and may edit the transcript; recordings and transcripts will be stored securely.

[ ] I consent to the use of anonymized quotes from the transcript in publications (no real names will be used unless I explicitly agree).

[ ] I understand my participation is voluntary and I may withdraw at any time without penalty, and can request deletion of my recording/transcript where feasible.

**Optional permissions (tick if you agree):**

[ ] I agree to the use of my (anonymized) quotes in public presentations or publications.

[ ] I agree to the recording being archived for future research use under the conditions described above.

Participant name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:** Adapt this template to meet your institution's IRB/ethics requirements. Store signed consent forms separately from identifiable data where required. For assistance with data residency or deletion requests, contact the research data officer or SpeechText.AI support.