**Participant Consent Form**

**Group Four-A: Customers of restaurants with robots**

***Research Study: Service robots in everyday spaces***

Dr Justine Humphry

Media and Communications, Faculty of Arts and Social Sciences

Phone: 0286275854| Email: [justine.humphry@sydney.edu.au](mailto:justine.humphry@sydney.edu.au)

Dr Chris Chesher

Media and Communications, Faculty of Arts and Social Sciences  
Phone: +61 404 095 480 | Email: [chris.chesher@sydney.edu.au](mailto:chris.chesher@sydney.edu.au)

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| --- | --- |
| **Participant Name** |  |

I agree to take part in this research study. In giving my consent, I confirm that:

* The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
* I understand the purpose of the study is to investigate how service robots are changing the nature of service and consumption across different cultural contexts, to guide policy and research on the future of work and human-robot interaction in the service sector.
* I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
* I understand that in this study I will be required to participate in a 15min interview conducted either in-person or by teleconference call (such as by Zoom).
* I understand that my participation may be audio-taped.
* I understand that being in this study is completely voluntary.
* I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
* I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
* I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information identifying me will only be told to others with my permission, except as required by law.
* I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

**☐ Yes**, I am happy to be identified

**☐ No,** I do not want to be identified. Please keep my identity confidential.

I confirm the following:

**I would like to review my interview transcripts** **Yes ☐**  **No ☐**

**I would like feedback on the overall results of this study** **Yes ☐**  **No ☐**

If you answered **yes**, please provide your preferred contact details (email/telephone/postal address):

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I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

|  |  |
| --- | --- |
| **Participant Name** |  |
| **Signature** |  |
| **Date** |  |