

Certificate of Consent

I have been invited to participate in an online workshop. This workshop takes place online, via video conferencing with Zoom and by using co-creation software (MURAL), set up in line with GDPR requirements. Participation will take approximately 3 hours. During this workshop, the workshop organizer(s) will ask me and other participants to develop and reflect on scenarios where health and ageing innovations and technologies are introduced to facilitate the continuation of independent ageing. During the workshop I will receive more specific instructions that will guide me and other participants. The workshop will be held in English.

Prior to the workshop I will be asked to prepare an assignment. During the activities notes, audio-recordings and copies of the whiteboard session in which I participate can be made for further analysis afterwards. My responses will be anonymized for research purposes. All recorded data will be stored at secured location of Utrecht University, only accessible for members of the research team who signed a privacy statement. The anonymized files will be saved for at least 10 years (in line with research policy). Publications, including a meeting summary, based on this research will not include my name or any other personal information by which I can be identified. The recordings may be reviewed by departments at Utrecht University responsible for regulatory and research oversight.

In setting up a digital co-creation workshop, Utrecht University and Open University guarantee an environment that is as safe and secure as possible. There are no plausible risks foreseen in participating in the workshop. My participation in this study is voluntary. I will not be paid for my participation. I may choose not to participate or, if I agree to participate, I can withdraw at any time without being penalized.¹ After the workshop I will have the opportunity to give feedback on a workshop summary. If wanted, I can add share additional ideas and perspectives with the researchers.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and that consent has been given freely and voluntarily.

A copy of this IC Form has been provided to the participant.

Print Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____

Day/month/year

¹ If you have questions, comments or concerns about the study, you can contact Susan van Hees (s.v.vanhees@uu.nl) from Utrecht University. If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call prof dr Liesbeth Wiertman +316-51224293 or write an email to: Vertrouwenspersoon-wi@uu.nl