

Participant Consent Form

Project Name: Development of a depression in Parkinson's disease prediction model

[Researcher: Dr. Haewon Byeon; Inje University; bhwuma@naver.com]

This agreement is made in regard to the recorded interview(s) which took place on [REDACTED]

In consideration of my participation in the research and other valuable consideration provided by the Inje University, I declare the following:

Declaration:

- I confirm that I have read and understood the participant information sheet for this study
- I have had the opportunity to ask questions if necessary and have had these answered satisfactorily
- I understand that my participation is voluntary and that at any time, I am free to withdraw without giving any reason
- If I withdraw, my data will be removed from the study and will be destroyed
- I understand that Inje University Ethics Committee has reviewed and approved this study
- I give permission to the University and those authorised by the University to take images of and/or record me for the above project and/or video/film and/or sound recording ("**Recordings**")
- I grant to the University the right and right to authorise others to make the Recordings available across all platforms and in all media (in whole or in part, transcribed or otherwise) in perpetuity throughout the world for educational, research, commercial and promotional purposes at the University, such uses include but not limited to print and online publication and broadcast
- I agree to taking part in the above study and recording, and hereby assign to the University all copyright in my contribution for use in all work resulting from this project and future projects
- I understand that **my responses will be kept strictly confidential**, that **all my personal and sensitive data will be anonymised in any reports or publication** and **my name will not be identified in any reports or publication**
- I understand that the research will be written up as a study by Haewon Byeon
- I give permission to other researchers and regulatory authorities to have access to my data in relevant future research
- I understand how to raise any concerns or complaints about this study
- I am aware that there are no compensation arrangements
- I will inform the researcher should my contact details change

Name, signature and date:

Name of participant...

[REDACTED]

Date...

[REDACTED]

Signature...

[REDACTED]

Postal address/phone/email

[REDACTED]

A copy of the signed and dated consent form and the participant information leaflet should be given to the participant and retained by the researcher to be kept securely on file.