

Participant Consent Form

Research study: Everyday GenAI Literacy

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Participant Name _____

I agree to take part in this research study. In giving my consent, I confirm that 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 people who aren't currently studying or at school learn about Generative AI tools (GenAI), what their motivations are for using them, and how their understanding of the technology behind GenAI influences how they use these tools.
- 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 two interviews and observations of me using GenAI, and to donate copies of my anonymised GenAI conversation logs.
- I understand that participation involves audio recording of the interviews and observations, and the researcher viewing the anonymised GenAI conversation logs.
- 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 researcher will conclude my participation in the project if my responses or disclosures raise concern for my wellbeing or the wellbeing of others, and they will refer me to appropriate support services, listed at the end of this form.

- 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.

- I confirm the following:

I confirm that I meet the study criteria: Yes No
Australian resident, over the age of 18, not currently studying

I consent to being contacted for future studies Yes No

I would like to review transcripts of my interviews and observations Yes No

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

If you answered **yes** to reviewing transcripts, receiving feedback, or being contacted in future, please provide your preferred contact details (email/telephone/postal address):

- 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 _____

Support services

- **HealthDirect** ↗ – 1800 022 222
- **1800Respect** ↗ – 1800 737 732
- **Lifeline** ↗ – 1300 152 854
- **The Butterfly Foundation** ↗ – 1800 33 4673
- **Beyond Blue** ↗ – 1300 22 4636