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Consent Form for the study “Investigating the impact of device-specific feature distributions on the security of behavioural biometrics”

Please tick the appropriate boxes

Taking Part

- | | Yes | No |
|---|--------------------------|--------------------------|
| I have read and understood the participant information sheet and understand the purpose of the study. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been given the opportunity to ask questions about the project. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to take part in the project. Taking part in the project will involve the reading of my ECG through electrodes placed on both arms and the left leg. | <input type="checkbox"/> | <input type="checkbox"/> |
| I am aware of the sensitive nature of ECG data and I understand what steps are being taken to protect my privacy. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that this project has been reviewed and approved by the University of Oxford Central University Research Ethics Committee | <input type="checkbox"/> | <input type="checkbox"/> |
| I have understood the complaints procedure and know how to raise any concerns. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand how the data will be written up and that it will be included in a student thesis. | <input type="checkbox"/> | <input type="checkbox"/> |

Usage of data gathered during the project

- | | | |
|--|--------------------------|--------------------------|
| I consent to the use of my data in peer-reviewed academic publications. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that the data collected during the study will be collected and stored anonymised. I understand who will have access to it and what will happen to the data at the end of the study. | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Data

- | | | |
|---|--------------------------|--------------------------|
| I agree to my contact details being stored for the duration of the study. I understand that any personal data will be treated according to the Data Protection Act. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

 Name of participant [printed]

 Signature

 Date

 Name of researcher [printed]

 Signature

 Date