Reflexive thematic analysis of sonic interaction and accessibility in virtual game environments

Participant Consent Sheet

# Overview

You have been asked to discuss your experiences of video game accessibility, examples of sonic interaction in video games, and your thoughts on using sound to navigate accessibility barriers in video games. A Participant Information Sheet will be provided outlining the project's details alongside a set of core questions.

# What is required by you?

1. To take part in a discussion about your experience of barriers, accessibility, and sonic interaction in video games
2. To validate the conclusions of the discussion with the researcher after their analysis to ensure they are representative of the discussion

This consent form will have been given to you with the Participant Information Sheet. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions, please contact a member of the research team, whose details are set out on the Participant Information Sheet.

If you are happy to take part in discussions, please sign and date the form. You will be given a copy to keep for your records.

* I have read and understood the information in the Participant Information Sheet which I have been given to read before asked to sign this form;
* I have been given the opportunity to ask questions about the study;
* I have had my questions answered satisfactorily by the research team;
* I understand and consent to discussions being audio recorded and transcribed;
* I agree that quotes may be used in the final research paper of this study - these will be anonymised;
* I understand that my participation is voluntary and that I am free to withdraw at any time until after the post-discussion validation without giving a reason;
* I am at least 18 years of age
* I agree to take part in the research

Please select one of the following options by adding a X in the corresponding box:

* I am the participant

Name (Printed)………………………………………………………………………….

Signature……………………………………………………. Date…………………….