

INFORMED CONSENT FORM

Project title: **EOX Water Matters** – Increase of knowledge on the Importance of the Good Water Status

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Please fill in the appropriate box to indicate your consent

I have read and understood the content of the informative form	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I was given enough time to decide my will to participate in this campaign	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I have received adequate explanations for the management of my personal information	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I understand that my participation is voluntary and I can leave at any time without explanation and without any consequence	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I understand that if I opt out of the survey their data will be destroyed	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I understand that I can request the destruction of the given information as part of the campaign up to one (1) month after their collection	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I know who to contact if I need more information about the campaign	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I know who I can turn to for any complaints	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I know who I can contact to exercise my rights	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

I responsibly declare that I consent to my participation...

- a) in the “experience-recording” interview
- b) in the creation & publication of audio stories/podcasts and video testimonials/audiograms with this content

Full name of Participant:	
Signature	Date
Full name of Researcher:	
Signature	Date