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Participant Consent form

“Evaluating the Validity of the EMFA in Supporting Media Freedom and Pluralism on Platforms”

Please take the time to consider the following. Please tick **Yes** or **No**:

I the participant consent to the following:	Yes	No
I have been given a copy of the Participant Information Sheet and this Completed Participant Consent Form for my records.		
I confirm that I am over 18 years of age and live in and work in the European Union as a journalist, reporter, correspondent, or editor at any type of news outlet—including print, broadcast, or digital—in a freelance or employed capacity.		
I use digital platforms in my work and are interested in, or have views on, how these are affecting media freedom and pluralism in my experience.		

Do you feel you have been given sufficient information about the research to enable you to decide whether or not to participate in the research?		
Have you had an opportunity to ask questions about the research?		
Do you understand that your participation is voluntary, and that you are free to withdraw at any time, without giving a reason, and without penalty?		
Are you willing to take part in the research by participating in an online interview over Zoom?		
Are you aware that the interviews will be audio recorded?		
I give permission for my interview to be audio recorded.		
Are you aware that the audio recordings will be transcribed for analysis purposes?		
I give permission for these audio recordings to be transcribed.		
Are you aware that the information you provide in the experiment, which consists of an audio-recorded semi-structured interview conducted over Zoom, will		

be analyzed further as part of the research study?		
I understand that the data will be stored in access restricted password-protected folders, on the researcher's University College Dublin-owned Google Drive account.		
I give permission to the researcher to use anonymized quotes in presentations and publications.		
Will you allow the anonymized data to be archived, to enable future use and sharing with third parties?		

Based on what is stated above, I AGREE to participate in this research project:

NAME and SURNAME of the participant in block print:

EMAIL (used for keeping in contact during the research project):

ELECTRONIC SIGNATURE: _____

DATE: _____