

## INFORMED CONSENT FORM

Participant Identification: \_\_\_\_\_

Study title: **3DFace@Home**

*Study Researchers:*

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*Sponsors:* University of Dundee

Please fill all the boxes with **Yes** or **No**

1. I confirm that I have read and understood the Participant Information Sheet version \_\_\_\_\_ date \_\_\_\_\_ for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected in any way.
3. I understand that personal data about me and research data collected during the study will be stored, used and reviewed by the University of Dundee or regulatory authorities. This includes my 2D facial images, a 3D facial scan, my mobile device camera calibration. I give permission for them to process this information.
4. I understand that the personal data I provide will be used to develop and evaluate a deep learning based facial 3D reconstruction system. Anonymous conclusions generated from the whole dataset may be shared in scientific publications or with other collaborators without revealing the identities or data of individual participants.
5. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant (CAPITALS)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Optional Consent:**Please fill all the boxes with **Yes** or **No**

6. I agree that the research data collected from me during this study may be used to support future research related to the aims of this study exclusively within the sponsors and under the same conditions as this study. I understand any future use of my data will require appropriate ethical and governance approval.
7. I agree to the publication or presentation of individual results obtained from research conducted with my data and I understand that this might include examples of facial images potentially allowing my identification in public materials.
8. I agree for my data to be shared with approved researchers of the scientific community and understand that I can withdraw this at a later time without having to give a reason. I understand that the sponsors cannot directly oversee the day-to-day use of data by all external approved researchers. Data sharing will be limited to researchers in the UK or EU approved by the access committee, and governed by formal agreements requiring compliance with data protection standards and ethical practices.

\_\_\_\_\_

Name of Participant (CAPITALS)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**1 copy of this form should be sent to the participant, and 1 should be retained in the study file.**