

Information will be used to inform scientists and the public in general about the effects of the use of innovative science education methods based on performing arts in fostering young peoples' motivations and engagement with STEM. We will prepare publications in local languages to disseminate the lessons learned.

Isabel Ruiz-Mallén is the responsible for the project, and you might ask her any questions about the project or the procedures. You can also write to her at the Internet Interdisciplinary Institute, Universitat Oberta de Catalunya, 08860 Castelldefels, Spain. You may also call at 00 34 93 2535743 or send an e-mail to [iruiz\\_mallen@uoc.edu](mailto:iruiz_mallen@uoc.edu). If you have questions about your legal rights as a research subject, you may contact: [ceeah@uab.cat](mailto:ceeah@uab.cat). To contact her, you can ask one of the project members at the school who will have complete instructions and will do it on your behalf at no cost to you.

You will be given a copy of this form to keep. By agreeing to participate and giving consent, you are not waiving any of your legal rights, claims, or remedies. You will keep the right to withdraw from the project at any moment, without explanations or further consequences. You may sign the form yourself or ask for someone else to sign on your behalf. If you prefer we can record your consent to participate by tape recording it.

I have read (or someone has read to me) the information in the consent form. I have had an opportunity to ask questions and all my questions have been answered to my satisfaction. By signing this consent form, I willingly agree to participate in this study.

Name of participant (type or print): MARY COTTON

PA Cotton 14/08/16

Signature of subject or legal representative

Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Carr

Le 01/11/16

Signature of investigator/research team member      Date

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Name of participant (type or print): Harry Wilson

[Signature] 06/09/16

Signature of subject or legal representative

Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Susan Lyle

[Signature] 06/09/16

Signature of investigator/research team member

Date

Leanne Cunn Le

01/11/16

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Name of participant (type or print): HARVEY DAVIES

K. Dawson 30.8.16

Signature of subject or legal representative

Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Cunn

Le 01/11/16

Signature of investigator/research team member

Date

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Name of participant (type or print): NATASHA KEEZINS

Le Keel 10/08/16

Signature of subject or legal representative

Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Gunn

Le 01/11/16

Signature of investigator/research team member

Date

## Birkenhead School, Perfrom research 2016

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Name of participant (type or print): HARRIE JACOB  
103 (Mrs. Jacob) 05709/16

Signature of subject or legal representative Date (must be signed prior to entry)

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Name of Investigator/research team member (type or print): Leanne Gunn  
Le 01/11/16

Signature of investigator/research team member Date

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Name of participant (type or print): RICHIE JACOB  
503 (Mrs. Jacobs) 05/09/16

Signature of subject or legal representative Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Cunn  
LC 01/11/16

Signature of investigator/research team member Date

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Data from this project will only be available to the project's key personnel. Data are completely confidential. All names will be replaced by coded numbers. Any publications, videos and reports to the funding agency will not identify participants by name. Data will not be used for any purpose other than scientific publications. Data will not be sold, given, or pass in any other way to third parties that might use it with any other purpose than research. Even in this case, we will ensure that third parties cannot identify the person who provided data.


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Name of participant (type or print): TASMIN LEE

 11/9/16

Signature of subject or legal representative

Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Gunn

 01/11/16

Signature of investigator/research team member

Date

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Name of participant (type or print):

NICHOLAS JONES

*Nicholas Jones (MOTILE)*

Signature of subject or legal representative Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print):

Leanne Ann

Signature of investigator/research team member Date

*Leanne Ann*

01/11/16

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Name of participant (type or print): Luca Infante

Signature of subject or legal representative

Date 30/08/2016



I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Gunn

01/11/16

Signature of investigator/research team member      Date

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Name of participant (type or print): JACK ANDERSON

Shirahall 5/9/16  
Signature of subject or legal representative Date (must be signed prior to entry)  
Mother

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Gunn  
Le 01/11/16  
Signature of investigator/research team member Date

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Name of participant (type or print): HATTIE ROGERSON-BEVAN

KLBWDM . 2 September 2016

Signature of subject or legal representative

Date (must be signed prior to entry)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Investigator/research team member (type or print): Leanne Cunn

Le

01/11/16

Signature of investigator/research team member

Date

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