**Speaker Verbal Consent Script**

**FirstVoices Language Recording**

You are invited to participate in a recording session that is being conducted by myself, [YOUR NAME]. This recording will be used as part of a documentation initiative which will upload language information and language recordings to FirstVoices.com. I am a [YOUR POSITION] with [YOUR ORGANIZATION] and you may contact me if you have further questions using the contact details at the end of this document. You can also contact [YOUR SUPERVISOR].

**Purpose and Objectives**

The purpose of this recording session is to document [YOUR LANGUAGE]. These recordings will be uploaded to FirstVoices.com, and may be used in FirstVoices apps.

**Importance of this Recording**

Recording of this type is important because it allows us to document and preserve the details of our language, can form the basis for accurate teaching materials, and will serve as an accessible digital archive for learners.

**Speaker Selection**

You are being asked to participate in this recording because you are a speaker of [YOUR LANGUAGE].

**What is involved**

If you consent to voluntarily participate in this recording, your participation will include [LIST RECORDING ACTIVITIES]. Translation tasks are hard even for professional interpreters, so if at any time you feel tired or stressed about remembering a word, we can skip a word or end the task at your own discretion. Our entire interview will be recorded, and I will take some notes as we go through the [RECORDING ACTIVITIES].

**Risks**

The only risks to you in participating in this recording are possible emotional discomfort due to the difficulty of translation, emotional context of speaking your language, and fatigue from the task. To prevent or to deal with these risks you are welcome to skip words in the [RECORDING ACTIVITY], take breaks, or end the session at any time.

**Benefits**

The potential benefits of your participation in this research include increased awareness of [YOUR LANGUAGE], and contribution to an online archive.

**Voluntary Participation**

Your participation in this recording must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your recordings will be used only with your permission, and deleted if you so request.

**Compensation**

You will be provided with compensation of [DOLLAR AMOUNT] CDN per hour of elicitation, provided by [YOUR ORGANIZATION]. If you choose to withdraw before the recording is complete, you will be compensated for the amount of time completed, pro-rated. If you later choose to withdraw your data, no changes will be made to the compensation that you have received.

**Anonymity**

In terms of protecting your anonymity you may choose for your name to be on FirstVoices.com, or to be kept private. Your name, if you consent to its publication, will be used on a) FirstVoices.com, and b) FirstVoices apps. If you consent to the publication of your recordings, anonymity may be limited by potential identification of your voice by dictionary users.

If you consent to the publication of your name, you can specify how you would like your name given and written (e.g. traditional name or English name), and to provide a small contributor description. The contributor description typically includes where you grew up, your lineage, if you are a first or second language speaker, and any other information you feel is important for learners to know about you. Please provide:

Name:

Description:

**Confidentiality**

Your confidentiality and the confidentiality of the data will be protected by exclusive storage on our laptops and external storage. Confidentiality may be limited by the identification of your voice on FirstVoices.com and FirstVoices apps. Furthermore, your participation will not be confidential if you consent to the publication of your name in association with your recordings and information, in either a) FirstVoices.com or b) FirstVoices apps. It is also possible that other community members will know that you have contributed to this project through word of mouth, which can happen in small communities.

**Disposal of Data**

Data from these recordings will be kept on our laptops, external storage, and FirstVoices servers. This data will not be destroyed so that it can continue to be accessible to learners of [YOUR LANGUAGE].

**Contacts**

Individuals that may be contacted regarding this study include [YOU AND YOUR TEAM].

[PROVIDE CONTACT INFO]

**Verbal Consent Response**

Your verbal consent response, recorded by myself below, indicates that you understand the above conditions of participation in this recording, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES / NO |  |  |
| *Name of Speaker and/or Signature* |  | *Verbal Consent Given?* |  | *Date* |

I consent to be identified by name / credited on FirstVoices.com and apps: YES / NO

I consent to have my responses published in FirstVoices.com and apps: YES / NO

**Future Use of Recordings**

I consent to the use of my recordings in future projects: YES / NO

I consent to be contacted in the event my data is requested for future research: YES / NO

***A copy of this consent will be left with you, and a copy will be taken by the recorder.***