

Declaration of Consent

I agree to participate in the study.

I have been informed in detail and in a comprehensible manner by Ulf Aminde about the objectives, significance and scope of the study and the resulting requirements for me. I have also read the text of this participant information and consent form, in particular the 4th section (Are there any risks, complaints and side effects?). Any questions that arose were answered by the study management in a comprehensible and sufficient manner. I have had enough time to decide whether I want to take part in the study. I have no further questions at the moment.

I will follow the instructions required for the conduct of the study, but I reserve the right to terminate my voluntary participation at any time without incurring any disadvantages. Should I wish to withdraw from the study, I may do so at any time by contacting Assist.-Prof. Dr. Matthew Pelowski in writing or verbally.

At the same time, I agree that my data collected as part of this study may be recorded and analyzed.

I agree that my data may be stored electronically in anonymized form and published in a secure data archive.

I am aware that I can only request that my data be deleted until I have completed my participation/exit from the experiment, as after the session has ended my data will be anonymized and can therefore no longer be associated with me. Should I wish to inspect this consent form at a later date (up to 10 years), I can do so in writing or by telephone without giving reasons to Assist.-Prof. Dr. Matthew Pelowski (Wächtergasse 1, A-1010 Vienna, Room 306, Tel.: +43-1-4277-47112, e-mail: matthew.pelowski@univie.ac.at).

I have read and understood the clarification section. I was able to ask all the questions I was interested in during the information session. They were answered completely and understandably.

I have received a copy of this participant information and consent form. The original remains with the study management.

(Date and signature of the participant)

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(Date and signature of the study director)

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Performative Räume (facilitator: Ulf Aminde)

1. If you think about competition in this workshop, how do you feel ?



2. How self-confident and optimistic do you feel at the beginning of the course?

not at all ○ ○ ○ ○ ○ ○ ○ very much

3. Do you think (self) critical knowledge about film making is a meaningful skill?

not at all ○ ○ ○ ○ ○ ○ ○ very much

4. How much do you trust your ability for

- a negotiation of power-critical issues in the use of a (smartphone) film camera?

not at all ○ ○ ○ ○ ○ ○ ○ very much

- negotiating power-critical issues of body, space, performance and perspective?

not at all ○ ○ ○ ○ ○ ○ ○ very much

- the recognition of (discriminatory) stereotypes in film and the use of smartphone cameras?

not at all ○ ○ ○ ○ ○ ○ ○ very much

- developing a planned sequence with a smartphone camera that negotiates 5 basic camera angles?

not at all ○ ○ ○ ○ ○ ○ ○ very much

5. How relevant do you expect this course to be for your future studies?

not at all ○ ○ ○ ○ ○ ○ ○ very much

6. How confident are you that you can actively contribute to discussions or problem-solving within this course?

not at all ○ ○ ○ ○ ○ ○ ○ very much

Please Write Down a unique Number/Letter combination (e.g. 4DFG) that you also put into a note on you phone, so you can use it again with a follow-up questionnaire

Code