

## Consent Form

Department of Psychology



**Study title: Could eye movements provide a window into early signs of dementia?:  
investigating the link between eye movements and cognitive decline**

**Investigators:** Jennifer Grayling

**Participant Research number:**

**In order to participate in the study please initial each of the followings statements if you agree:**

1. I agree to participate in this research.
2. I agree that this participation is of my own free will.
3. I have been given the opportunity to ask any questions I wish, and they have been answered to my satisfaction.
4. I am aware that I have the right to withdraw from the study at any time, without giving a reason and with no adverse consequences.
5. I have been given full information about the present study.
6. I have been given contact information for the researchers involved in the study.
7. I have been assured that all data collected and information regarding participants is fully confidential.

If you would like to ask questions regarding this study, please feel free to contact my supervisor Dr Trevor Crawford at: [t.crawford@lancaster.ac.uk](mailto:t.crawford@lancaster.ac.uk) or the Head of the Psychology Department, at [psychology.hod@lancaster.ac.uk](mailto:psychology.hod@lancaster.ac.uk) (postal address Fylde College, Lancaster University, Bailrigg, Lancaster, LA1 4YF; telephone: 01524 593822).

**I have read and understood the declarations above, and agree to my participation in this research:**

**Participant's name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_