

Department of Psychology

CONSENT FORM

Thank-you for participating in developmental research. Please read the following information and then sign below to indicate that you agree to take part.

- I have been given a written explanation of the study. It includes sufficient details about the study and I have been given the opportunity to ask questions.
- I have been informed that the purpose of the study is to explore the development of fetuses' language understanding.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. However, once the study is complete, the non-identifying data is not able to be withdrawn from the study.
- I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher/s, but my personal information will not be included, and I will not be identifiable.
- I understand that my name will not appear in any reports, articles or presentation without my consent.
- I understand that data will be kept according to University guidelines for a minimum of 3 years after the end of the study.
- I agree to take part in the above study.

Name of Participant

Date

Signature

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature of Researcher _____

Date _____