

Department of Psychology
CONSENT FORM

Project Title: An investigation into saccadic eye movement alterations in Parkinson's disease.

Name of Researchers: Amy Austin (researcher), Dr Megan Readman (supervisor)

Email: a.l.austin@lancaster.ac.uk

If you agree with each item, please tick each box...

I have read and understand the information sheet for the above study.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I withdraw within two weeks of commencement of the study, my data will be removed.	
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.	
I understand that data will be kept according to university guidelines for a minimum of 3 years after the end of the study.	
I understand and consent to my anonymised data being uploaded to an online database and where it will be publicly available.	
I agree to take part in the above study.	

For participants with Parkinson's only:

I confirm that the researcher has <u>not</u> asked me to alter my usual Parkinson's medication routine. I have simply been asked to arrive shortly before I usually take my Parkinson's medication, complete one set of tasks, then take my usual dose of Parkinson's medication at the time I normally would and then re-complete the tasks.	
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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 /person taking the consent _____

Date _____