

**Department of Psychology**

Participant Number:

**Participant Consent Form  
Cortical Hyper excitability correlating with Visual  
Distortions/Hallucinations**

Name:

Age:

E-mail Address:

Do you speak English as your first language? Yes/No

Please read the following statements and sign below to acknowledge and agree:

- 1.) I agree to participate in this research.
- 2.) I understand my participation is completely voluntary.
- 3.) I have been given the opportunity to ask any questions at any time.
- 4.) I understand 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 what the study entails.
- 6.) I have been given contact information for the researchers.
- 7.) I understand my responses will be treated confidentially.

I agree to participate in the study on memory as described. I understand that my responses will be treated confidentially and that I can withdraw from the experiment at any time.

Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

Please do not hesitate to ask any queries that you have after reading the consent form, please contact the researcher, the supervisor or the Head of the Department. You may contact us via email:

Researcher: Miss Nishtha Bakshi ([nishthabakshi.23@gmail.com](mailto:nishthabakshi.23@gmail.com))

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