

# CONSENT FORM

## Eye Tracking and ADHD

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**Please read the following statements and tick each box**

*I confirm that 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 and with no adverse consequences*

*I can confirm that I don't have any underlying eye problems like macular degeneration, cataract, Glaucoma, amblyopia, refractive errors etc.*

*I confirm that I do not have any other known neurological conditions.*

*I have been given full information about what the study entails, and I will participate to the best of my ability*

*I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researchers, but my personal information will not be included and I will not be identifiable.*

*I understand my responses will be treated confidentially and that my participation is completely anonymous*

*I understand that data will be kept according to University guidelines for a minimum of 5 years after the end of the study.*

*I also understand that behavioural characteristics throughout this study will be observed, and I consent this observation throughout the duration of the study. \**

*\*This will only be observed if you have a positive diagnosis of ADHD*

*I agree to take part in the above study on eye tracking and ADHD.*

Participant Signature:.....

Date .....