

Department of Psychology

CONSENT FORM

Project Title:

Uncovering the brain basis of the memory of sounds

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Please 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. If I withdraw within 6 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, and scientific funding applications, 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 10 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 /person taking the consent _____ **Date** _____