**Department of Psychology**

**CONSENT FORM**

**Project Title: Extending the Cortical Hyperexcitability Index (CHi-II)**

Name of Researchers: Haydn Farrelly and Dr. Jason Braithwaite (Supervisor)

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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

1

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 2 weeks of commencement of the study my data will be removed.

1

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 that my name/my organisation’s name will not appear in any reports, articles or presentation

without my consent.

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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. 1

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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 \_\_\_\_\_\_\_\_\_\_**