**Consent Form**

You are cordially invited to participate in an eye-tracking experiment. This form will give you information about this study, and we will answer any questions you may have. Please read this form carefully before agreeing to take part in the experiment.

**Project Title:** Translation Studies: An eye-tracking experiment

**Contact person:**

**Principal Investigator:**

**1.What the study is about:** The purpose of this research is to study eye movements of translators. Your participation can help us explore how people process information during the translation process.

**2.What we will ask you to do:** If you participate in this study, you will be asked to do translation and post-editing tasks. You may choose to withdraw from the study at any time. Please also take note that eye makeup is not allowed and you will be asked to fill out a background questionnaire.

**Background Questionnaire (Tick ‘Yes’ or ‘No’ to each question):**

(1). Are you over 18 years of age? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

(2). Are you under 60 years of age? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

(3). Did you pass TEM-8, the national Test for English Majors? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

(4). Do you have normal or corrected-to-normal vision? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

(5). Do you have history of neurological or psychological impairment? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

(6). Did you take any drugs like tranquilizer one week ago? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

(7). Did you drink wine, coffee, tea and other soft drinks the day before? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

(8). Did you stay up late the day before? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If you are eligible to participate, you will be asked to sit in front of the eye tracker, which does not involve any ionizing radiation (i.e., does NOT involve exposure to radioactive materials). Your head will be kept still with a chin rest. Please make sure to stay as still as possible during these times (no scratching, stretching, etc.), but try to be comfortable at all times. If you feel discomfort at any time, notify the research assistant.

**Your participation is expected to take approximately a total of half an hour.**

1. **Benefits:**

We will give you a USB drive to thank you for your participation and cooperation.

**4.Confidentiality:**

We will keep all the information and data confidential and will not make them public. Servers and computers where the data and images are stored are password protected. Any paper surveys will be kept in locked rooms. Your images and data will be assigned a code number, which will be used in place of your name to allow linkage of data if follow-up analysis is necessary. The data will be used for research and educational purposes only.

**5. May we contact you again? (Tick ‘Yes’ or ‘No’)**

Sometimes we like to follow up with our participants in order to complete surveys or participate in new experiments. All identifying information will be kept strictly confidential following the procedures for confidential data storage outlined above.

\_\_\_\_\_\_Yes! You may keep my contact information to contact me again for follow-up questions or future studies.

\_\_\_\_\_\_No! I do not wish to be contacted again, even to answer a question. I understand my identifying information will be kept, following the confidential storage procedures outlined above.

1. **Participation is voluntary:**

Participation is completely voluntary. If you decide to take part, you are free to withdraw at any time.

**Statement of Consent:** I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature: Date :

Your Name (printed):

Researcher Signature: Date :

Researcher Name (Printed):