THE UNIVERSITY OF NEW SOUTH WALES

Approval No 2708

**PARTICIPANT CONSENT FORM**

Visual perception and learning to pay attention: Test and retest

**You are making a decision whether or not to participate. Your signature indicates that, having read the information provided on the participant information sheet, you have decided to participate.**

**…………………………………………………… .…………………………………………………….**

Signature of Research Participant Signature of Parent or Guardian (when relevant)

**…………………………………………………… .…………………………………………………….**

(Please PRINT name) (Please PRINT name)

**……………………………………………………**

Date

**……………………………………………………**

Signature(s) of Investigator(s)

**.…………………………………………………….**

Please PRINT Name

**REVOCATION OF CONSENT**

Visual perception and learning to pay attention: Test and retest

I hereby **WITHDRAW** my consent to participate in the research proposal described above and direct that any data collected from me be destroyed.

I understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales.

**…………………………………………………… .…………………………………………………….**

Signature Date

**……………………………………………………**

Please PRINT Name

The section for Revocation of Consent should be forwarded to Dr Mike Le Pelley, School of Psychology, UNSW, Sydney NSW 2052 (email: [m.lepelley@unsw.edu.au](mailto:m.lepelley@unsw.edu.au), tel: 9385 1294).