

CONSENT FORM

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title: Information Awareness and Multitasking Study

Researchers: Gang Gao, Hurin Hu, Siyu Qian, Ziqi Wang, Zian Xu, Dr Danielle Lottridge

I have read and understood the accompanying Participant Information Sheet, which explains this research project and my role as a participant. I have had an opportunity to ask questions and have had them answered satisfactorily.

In particular I understand that:

- I have the right to stop participation at any time without having to give a reason.
- I have been given assurance that my withdrawal from the research will not affect my relationship with the researchers.
- For one month after my participation I will still have the right to request that my data be withdrawn from the study.
- My name will appear only on this form. The data from this research will be stored anonymously, coded by number.
- All data will be kept for a minimum period of six years to allow for publication and future re-analysis, after which it will be securely and confidentially disposed
- Research publications and presentations from this study will not contain any information that could identify me.

I voluntarily agree to take part in this research.

Signed: _____

Name: _____
(please print)

Date: _____

(Researcher Use Only)
Participant Number: