**AfterLife VR**

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**To be read and completed by the subject**

* I have been informed in a manner that is clear to me [orally and in writing] about the nature, method, purpose, risks and burden of the research. I could also ask questions. My questions have been sufficiently answered. I had enough time to decide whether to participate.
* I know that participating is voluntary. I also know that I can decide at any time not to participate or to stop the study. I don't have to give a reason for that.
* I know that some people can see my data. These people are listed in the information letter.
* I give permission for the collection and use of my data in for the research. I know that the data will be treated confidentially and that the results of the research will only be disclosed anonymously to third parties.
* I understand that film, photo, and video material or editing thereof will be used solely for analysis and/or scientific presentations.
* I understand that data, results, film, photo and video material or any processing thereof may be used anonymously for educational purposes.
* I give permission to keep my data for another 10 years after this research.
* I want to participate in this research.

Subject name:

Signature: Date : \_\_ / \_\_ / \_\_

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To be completed by the executing researcher

I declare that I have fully informed this subject about the said study.

If information becomes known during the study that could influence the subject's consent, I will inform him/her in good time.

Name researcher:

Signature: Date: \_\_ / \_\_ / \_\_

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