

# Consent Form

## Study Title: Protecting Prosthetics: Vibrotactile Haptic Feedback for Source Discrimination of Urgent Signals Under Cognitive Load

This consent form will have been given to you with the Participant Information Sheet. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions please contact a member of the research team, whose details are set out on the Participant Information Sheet.

If you are happy to take part in this study, please sign and date the form. You will be given a copy to keep for your records.

**Please read the statements below and sign below to give consent:**

I have read and understood the information sheet
I have been given the opportunity to ask questions and have had my questions answered to my satisfaction.
I am aware of the risks and benefits of taking part in the study
I am aware that data collected will be anonymised, kept in accordance with General Data Protection Regulation (GDPR), and will be viewed and analysed by the research team as part of their studies.
I am aware that I have the right to withdraw consent and discontinue participation without penalty before or during the study.
I am aware that I have the right to withdraw my data from the experiment up to 7 days after the completion of the experiment, using the participant ID that the researcher will provide.
I have freely volunteered and am willing to participate in this study.
I am willing to have my questionnaire responses collected.

Name (Printed).....

Signature..... Date.....