

Participant consent form

Project title	Investigating texture perception at the foot sole	
Lead researcher	Luke Cleland	Email: ldcleland1@sheffield.ac.uk
Principle investigator	Dr. Hannes Saal	Email: h.saal@sheffield.ac.uk
		Please circle
1.	I confirm that I have read and understood the information sheet dated __/__/__ explaining the above research project. I have had the opportunity to consider the information, ask questions about the project and had these answered satisfactorily	Yes / No
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.	Yes / No
3.	I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.	Yes / No
4.	I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in any publications, reports, web pages, and other research outputs that result from the research.	Yes / No
5.	I understand that videos and pictures may be captured during the experiments, and am happy for this to happen. I understand that these will be edited to obscure my identity and that in their anonymised form, these may be used in the context of scientific presentations.	Yes / No
6.	I understand and agree that other authorised researchers may use my data in publications, reports, web pages and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	Yes / No
7.	I agree to take part in the above research project	Yes / No
8.	I am a first year undergraduate psychology student at The University of Sheffield	Yes / No

Participant name (printed):		Signature:	
		Date:	
Researcher taking consent (printed):		Signature:	
		Date:	
<i>To be signed and dated in the presence of the participant</i>			