Approval No 2361

THE UNIVERSITY OF NEW SOUTH WALES

**PARTICIPANT INFORMATION STATEMENT**

Visual perception and learning to pay attention

**Participant Selection and Purpose of Study**

You are invited to participate in a study of visual perception and attention. We hope to learn how differences in visual perception influence how you learn to pay attention to different stimuli, and how these properties relate to your personal cognitive style. You were selected as a possible participant in this study because you registered for research participation in this study via Sona.

**Description of Study and Risks**

If you decide to participate, you will complete a computer-based measure of visual perception and attention. You will be asked to respond to shapes that appear on the screen as quickly and accurately as you can. In the second session of the experiment, we will record electroencephalographic (EEG) data from your scalp by means of a specially designed electrode cap while you are completing the task. The electrode cap will be placed on your head and a water-based gel will be applied to your hair. Additional electrodes will also be placed on your face, wrist and shoulder. EEG recording is extremely safe and participation in the experiment does not involve any significant risks.

You will also be asked to complete some short questionnaires that aim to measure your health and cognitive style, and we will measure your height and weight, although you can opt out of this if you feel uncomfortable. In the first session, these tasks will take 60 minutes. In the second session, the EEG cap will take approximately 60 minutes to set up and the questionnaires and EEG experiment will take approximately 120 minutes to complete. Thus the first of the two sessions will take approximately 1 hour, and the second of the two sessions will take approximately 3 hours. When the experiment is complete you will be given a towel and access to a basin and will be given the opportunity to wash the gel out of your hair.

No risks are reasonably expected as a result of your participation in this study. We cannot and do not guarantee or promise that you will receive any benefits from this study.

**Confidentiality and Disclosure of Information**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or except as required by law. If you give us your permission by signing this document, we plan to publish the results in academic journals*.* In any publication, information will be provided in such a way that you cannot be identified.

**Recompense to participants**

You will receive 4 units of course credit for completing this session. You will also have the chance to earn money for your performance in the task; this bonus is typically between $20 and $35. You will receive this money at the end of the second session.

**Your consent**

Your decision whether or not to participate will not prejudice your future relations with The University of New South Wales. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

**Inquiries**

If you have any questions or concerns following your participation, Daniel Pearson (0408 649 924) or Dr. Mike Le Pelley (9385 1294) will be happy to address them.

Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone 9385 4234, fax 9385 6648, email ethics.sec@unsw.edu.au).

Please keep this information sheet and one copy of the Participant Consent Form. The investigator will keep the other signed copy. Both copies should be signed by you and the investigator

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**PARTICIPANT CONSENT FORM**

Visual perception and learning to pay attention

**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

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).

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