**PARTICIPANT CONSENT FORM**

Experiment: “STREAM-spatial EEG”

Credit or cash? ⃝ credit ⃝ cash

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handedness: ⃝ left ⃝ right ⃝ both

Gender: ⃝ female ⃝ male

English as first language? ⃝ yes ⃝ no

**Consent**

I confirm that:

* I have read and understand the participant information sheet for the EEG study “STREAM-spatial”. 🞏
* I have had the opportunity to ask questions if necessary and have had these answered satisfactorily. 🞏
* I understand that my participation is voluntary and that I have the right to withdraw my consent or discontinue participation at any time without giving a reason, and without penalty. 🞏
* The procedures of the experiment have been explained to me. 🞏
* I understand that my personal data will be processed only for the purposes detailed in the information sheet, and in accordance with the Data Protection Act 2018. The data will only ever be shared with researchers involved in this specific project. 🞏
* My individual privacy will be maintained in all published and written data resulting from the study. 🞏

Based upon the above, I agree to take part in this study.

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Name of participant Date Signature

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Name of researcher Date Signature