

**Consent Form**

Title of Project:  Pupil Response to Brightness Illusion

Name of Researcher: Qinni Deng

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

* The data will be treated as confidential and kept in secure storage at all times.
* The data will be retained for use in future academic research
* The data may be used in future publications, both print and online.
* I understand that other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

Do you have normal/corrected-to-normal vision? Yes / No

Do you have a colour-vision deficiency? Yes / No

Do you agree to take part in this research study? Yes / No

Age …………. Gender ………………

Name of Participant ………….……......……. Signature …………………..……….. Date ……………………

Name of Researcher …………………..……… Signature …………..……………….. Date ………….…………