

CONSENT FORM FOR PROJECT PARTICIPANTS

Title of Project: Learning Conceptual Maps in the Brain

Name of Researchers: Sophie Johnson and Dr Sam Berens

C-REC Ref no: ER/SJ483/2

**Please
initial box**

- I confirm that I have read and understood the participant information sheet titled Learning Conceptual Maps in the Brain and dated 20/12/2023. I have had the opportunity to consider the information, ask questions and had these answered satisfactorily; **I understand the principles, procedures and possible risks involved.** ☐
- **I understand that my participation is entirely voluntary, that I can choose not to participate in part or all of the study, and that I can withdraw at any stage of testing without having to give a reason and without being penalised in any way (e.g., if I am a student, my decision whether or not to take part will not affect my grades).** ☐
- **I understand I can request without penalty that my data be withdrawn and deleted even after testing is complete, any time up until the results are analysed (by 31/08/23).** ☐
- **I understand that my personal data will be used for the purposes of this research study and will be handled in accordance with Data Protection legislation. I understand that the University's Privacy Notice provides further information on how the University uses personal data in its research.** ☐
- **I understand that my collected data will be stored in a de-identified way (e.g. using ID numbers not names), and kept separate from other details about me (e.g. from the consent form). Electronic data will be stored securely on a University managed system and hard-copies will be stored behind a locked door.** ☐
- **I understand that de-identified data may be made publicly available, for example through Open Science Framework online data repositories, journal publication or at the request of other researchers.** ☐
- **I understand that my name and data will not be shared with any third party outside the research group, unless I later provide written permission.** ☐

- I understand that if there are any unexpected findings requiring further investigation my GP will be informed and will notify me if further tests are needed. ☐
- I have completed a CISC MRI safety questionnaire. ☐
- I agree to take part in the above **University of Sussex study**. I understand that agreeing to take part means that I am willing to participate in an MRI scanning session (lasting up to 45 minutes) ☐

Name of participant

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature

When completed, 1 copy for volunteer; 1 copy for researcher site file.

Please provide your email address if you are interested in obtaining a report containing the results of the study. Note that we will not disclose individual data, but only group-level analyses.

(email address)