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**Participant Consent Form**

Shifting Attention in Movement Perception

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this research project, realising that I may withdraw at any time without reason and without prejudice.

I understand that all identifiable information that I provide is treated as confidential and will not be released by the investigator in any form that may identify me unless I have consented to this. The only exception to this principle of confidentiality is if this information is required by law to be released.

I understand that my drumming, but not my voice, will be audio-recorded. Yes 🞏 No 🞏

I understand that my pupils, but not my whole face, will be measured with a camera, but that no identifiable information will be stored. Yes 🞏 No 🞏

I understand that the above recordings are a requirement of participation in this study. Yes 🞏 No 🞏

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant signature Date

***Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.***

***In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics Office at the University of Western Australia on (08) 6488 3703 or by emailing to humanethics***[***@uwa.edu.au***](mailto:hreo-research@uwa.edu.au)

***All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.***