CONSENT FORM FOR ADULT PARTICIPANTS IN RESEARCH STUDIES

## Please complete this form **after you have read the Participant Information Sheet** and/or received a full explanation of the study.

**Title of Study:** Eye-Tracking Experiment on Reading Short Stories

**Department:** UCL Division of Psychology and Language Sciences

**Name and Contact Details of the Researcher(s):**

Prof. Robyn Carston ([robyn.carston@ucl.ac.uk](mailto:robyn.carston@ucl.ac.uk))

UCL Linguistics, Division of Psychology and Language Sciences

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UCL Linguistics, Division of Psychology and Language Sciences

**UCL Research Ethics Committee Approval ID:** LING-2014-05-01

## Consent Statements

Please **tick each box** to confirm your consent. If you do not consent to a specific item, leave the box **unticked**. If you choose not to consent to certain elements, you may not be eligible to participate.

| I confirm that I have read and understood the Participant Information Sheet for this study. I have had the opportunity to ask questions, which have been answered to my satisfaction. |  |
| --- | --- |
| I understand that my personal information (such as age) will be used only for research purposes, in accordance with data protection laws. |  |
| I acknowledge that responsible individuals from UCL may review my information for monitoring and audit purposes. |  |
| I understand the potential risks of participation and the support available if I experience discomfort during the study. |  |
| I have not been promised any personal benefits for participating. |  |
| I understand that my data will be used solely for research purposes and will not be shared with commercial organizations. |  |
| I understand that I will not receive financial benefits from this research or any future outcomes derived from it. |  |
| I understand that if I withdraw before completing the study, I will receive compensation based on the portion of time I have participated. |  |
| I agree that my anonymized research data may be shared with other researchers for future studies. No personally identifiable information will be included. |  |
| I confirm that I am 18 years of age or older. |  |
| I confirm that I meet the study’s inclusion criteria and do not fall under any exclusion criteria. |  |
| I voluntarily agree to participate in this study. |  |

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher Confirmation**

I confirm that I have explained the study in detail to the participant and have answered any questions they may have.

**Researcher Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_