

Participant Consent Form

Thank you very much for agreeing to take part in this research (Ethics: 2022-0353-206). The purpose of this form is to make sure that you are happy to take part and that you know what is involved. Signing this form does not commit you to anything you do not wish to do.

If you suffer from any of the following medical conditions, unfortunately, we will not be able to use you as a participant. Therefore, please let the experimenter know now if you suffer from:

* Epilepsy
* Serious mobility problems affecting the back, knees or hips
* Claustrophobia
* Feelings of disorientation
* Severe motion sickness

Please sign here if you suffer from none of the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Have you read the participant information sheet? | o YES o NO |
| Have you had the opportunity to ask questions and discuss the study? | o YES o NO |
| If you have asked questions, have you had satisfactory answers? | o YES o NO o N/A |
| Do you understand that you are free to withdraw from the study at any time and without having to give a reason for withdrawing? | o YES o NO |
| Do you give permission to use videos showing your face in presentations about the experiment? (If you want to withdraw your permission, you can contact the researchers) | o YES o NO |
| Do you agree to take part in the study? | o YES o NO |

**Name in block letters:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



1. Date of Birth: \_\_\_\_\_\_\_\_\_\_
2. Gender? Male: \_\_\_\_\_\_ Female: \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_Prefer not to say: \_\_\_\_\_\_\_
3. Handedness? Left: \_\_\_\_\_\_ Right: \_\_\_\_\_\_\_
4. Approximate annual mileage (miles): \_\_\_\_\_\_\_\_\_\_
5. No. of years holding a full UK driving license: \_\_\_\_\_\_\_\_\_\_\_\_\_\_