CONSENT FORM

Please read and sign this form.

I state that I have read the information sheet and am willing to participate in the experiment being conducted by Aleksander Wilusz, a student at the University of Bristol and the University of the West of England, and with the gathering of data as mentioned below.

As part of this research study, I am willing for the following data to be recorded during the course of the experiments (please tick every box that applies):

Simulation status.

Inputs I provide through the keyboard The questionnaire responses.

All information will remain strictly confidential. At no time will my name, personal details, any identifiable recording, or any other identification be used externally. I understand that I am free to ask questions and can withdraw my consent and stop participation at any time during the research session.

By signing this consent form, I am authorising the researchers conducting this study to collect and analyse the data that is generated as a result of my participation in the study. If I do not sign this form then I will not be able to participate in the study.

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| --- | --- |
| **Please initial each section as appropriate** | **Initials** |
| 1. **I have been given the information sheet that I have read and understood.** |  |
| 2. **I have been informed in advance as to what my task(s) would be and what procedures would be followed.** |  |
| 3. **I have been given the opportunity to ask questions, and have had my questions answered to my satisfaction.** |  |
| 4. **I am aware that data collected will be anonymised, kept in accordance with the data protection act, and will be viewed by other experiment participants and analysed by the research team as part of their studies.** |  |
| 5. **I am aware that I have the right to withdraw consent and discontinue participation before or during the experimental session. I understand that if I do withdraw I will not be asked any questions about why I no longer want to take part.** |  |
| 6. **I have freely volunteered to participate in this experiment.** |  |
| 7. **My signature below may be taken as affirmation of all of the above, prior to participation.** |  |

# Be aware: The withdrawal process is only available during the experiment. Should this be requested then all data relating to you will be deleted. After this time, data will be analysed collectively and it may no longer be practical to remove the data completely.

**Your first name and surname (Please use Block Capitals): Date signed:**

