

## **Consent Form**

### **Project: Development of an Assistive Care BCI for a Locked-In Pediatric Patient**

#### **Part A – To be filled by the parent/guardian of the participant**

1. Have you read the Information Sheet provided for this study? Yes / No
2. Have you had an opportunity to discuss this study and ask any questions? Yes / No
3. Have you had satisfactory answers to all your questions? Yes / No
4. Have you received enough information about the study? Yes / No
5. Who explained the study to you? \_\_\_\_\_
6. Information held by the investigators relating to your child's participation in this study may be examined by other investigators of this study. All personal details will be treated as STRICTLY CONFIDENTIAL (password-protected storage and other safeguards). Do you give your permission for these individuals to have access to your records? Yes / No
7. Have you had sufficient time to come to your decision? Yes / No
8. Do you give your permission for your child's anonymized data to be published (e.g., in research papers, theses, or conference presentations) without revealing any personal information? Yes / No
9. Have you received a copy of the 'Information Sheet and Consent Form'? Yes / No
10. Do you agree for your child to take part in this study? Yes / No
11. Do you understand that you are free to withdraw your child from the study at any time without having to give a reason and without affecting their medical care? Yes / No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (BLOCK CAPITALS): \_\_\_\_\_

#### **Part B – To be filled by the investigator**

I have accurately read out the information sheet to the potential participant and, to the best of my ability, made sure that the participant understands the research procedure.

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Name (BLOCK CAPITALS): \_\_\_\_\_