



## Department of Experimental Psychology

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### PERCEPTUAL DECISION TASK (BEHAVIOURAL)

Please initial box

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. I confirm that I have read and understand the information sheet   | <input type="checkbox"/> | <input type="checkbox"/> |
| for the study above and have had the opportunity to ask questions.   |                          |                          |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without any adverse consequences.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand that information I provide in questionnaires may be looked at by responsible individuals running the experiment. I give permission for these individuals to have access to the information provided, and to store economised data for further analysis | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand that the study has received ethics clearance through the University of Oxford's ethical approval process for research involving human participants.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to take part in the above study.  | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date