**EYE MOVEMENTS TOWARD OBJECT LOCATION CHANGE**

Consent form for participant in research

I …………………………………………………………………………………. voluntarily agree to take part in this study.

I understand that:

* If I agree to participate I can withdraw at any time up during the study and until two weeks after completion without any consequences.
* The purpose and nature of the study has been explained to me in writing and I have had the opportunity to ask questions about the study.
* That participation involves a task lasting around 15-25 minutes.
* All the information in the study will remain anonymous through the use of unique identifier
* All data will be retained securely in password protected computers and/or locked cabinet at NTU City Campus until 5 years after publication. Only the research team has access to the data.
* Under GDPR requirements I am entitled to access the information I have provided at any time while it is in storage as specified above.
* I am free to contact any of the researchers involved in the study to seek clarification and information.

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Research participant signature: Date:

……………………………………………………………………. ……………………………………..

Researcher signature: Date:

I believe the participant is giving informed consent to participate in this study.

…………………………………………………………………….. ……………………………………..