

Consent form

This information is being collected as part of a research project concerned with episodic memory and visual perception by the School of Psychology in the University of Birmingham. The information which you supply and that which may be collected as part of the research project will be entered into a filing system or database and will only be accessed by authorised personnel involved in the project. The information will be retained by the University of Birmingham and will only be used for the purpose of research and statistical and audit purposes. By supplying this information you are consenting to the University storing your information for the purposes stated above. The information will be processed by the University of Birmingham in accordance with the provisions of the Data Protection Act of 1998. No identifiable personal data will be published.

Please answer the following:

- 1) Have you had an opportunity to ask questions and had your questions answered in a satisfactory manner? Yes ☐ No ☐
- 2) Have you received enough information about the study? Yes ☐ No ☐
- 3) You may withdraw from the study at any time and you will be entitled to any agreed reward up to the point where you withdraw. Do you understand this statement? Yes ☐ No ☐
- 7) You may ask for your data to be destroyed at any time prior to the publication of the research findings based upon it. Do you understand this statement? Yes ☐ No ☐
- 8) Do you consent to take part in this study? Yes ☐ No ☐

Please give your full name _____

I confirm that I have read the consent form and have completed the above questionnaire. The nature, purpose and possible consequences of the procedures have been explained. I confirm that I have been through the screening procedures and that I agree to participate in this study.

Signature (participant) _____ Date: _____

Experimenter's name _____

Experimenter's Signature _____ Date: _____