**Consent**

This information is being collected as part of a research project investigating memory of videos and sounds as part of the School of Psychology at 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 read the information sheet provided?

**Yes No**

2) Have you had an opportunity to ask questions and had your questions answered is a satisfactory manner?

**Yes No**

3) Have you received enough information about the study?

**Yes No**

4) 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**

5) You may ask for your data to be destroyed at any time prior to the publication of the research findings based upon it. The deadline for this request is 30th of August 2017. Do you understand this statement?

**Yes No**

6) To further the impact of this research, we wish to share the raw data obtained from your participation. Are you happy for us to place your raw, anonymised data (excluding demographic information) on a database for other researchers to access?

**Yes No**

7) 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 the information sheet provided. The nature, purpose and possible consequences of the procedures have been explained. I agree to participate in this study.

Signature (participant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experimenter’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experiment’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EEG Safety Screening Questionnaire**

Do you have a neuropsychological injury? Yes No

Do you have a history of psychiatric disorder? Yes No

Do you have a history of epilepsy? Yes No

Does anyone in your immediate or distant family suffer from epilepsy? Yes No

Did you suffer from fever-induced seizures as an infant? Yes No

Do you have or have you ever had recurrent fainting spells? Yes No

Do you have a visual impairment that cannot be corrected with glasses? Yes No

Do you have significant hearing loss? Yes No

Have you ever had a neurosurgical procedure (or an eye surgery?) Yes No

Are you on medication (besides oral contraceptives)? Yes No

Are you currently undergoing anti - malarial treatment? Yes No

Have you drunk more than 3 units of alcohol in the last 24 hours? Yes No

Have you consumed any alcohol today? Yes No

Have you had more than one source of caffeine in the last hour? Yes No

Have you used recreational drugs in the last 24 hours? Yes No

Did you have very little sleep last night? Yes No

**Sex:** Male Female **Age** (in years) \_\_\_\_\_\_\_\_\_\_\_

**Dominant Hand**: Left Right **English as first language**? Yes No

**Have you lived in an English speaking country for the last 5 years**? Yes No

|  |  |
| --- | --- |
| Participant Name in capital letters: | |
| Participant Signature: | **Date:** |
| Researcher witness:  Print Name: Signature: | **Date:** |