

RESEARCH PARTICIPANT CONSENT FORM

**TITLE OF RESEARCH PROJECT:** Designing a Paint Application Layer System for Eye Tracking Systems

**RESEARCHER(S):** Ciaran O'Dwyer

**PARTICIPANT DETAILS:**

**Name:**

**Address:**

**Telephone:**

**DOB (if under 18 years of age):**

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**PROJECT DATES:** July 2019 – September 2019

**PARTICIPANT DECLARATIONS:**

Please delete as applicable

- I have been informed of and understand the purposes of the research ☒ YES / NO
- I have been given an opportunity to ask questions ☒ YES / NO
- I understand that any information which might potentially identify me will not be used in any published material (without my prior consent) ☒ YES / NO
- I understand that I may request access to any data collected by the researcher(s) that relates to me: ☒ YES / NO
- I agree to participate in the study as outlined ☒ YES / NO
- I understand I may withdraw at any time "without prejudice" ☒ YES / NO

**Date:** 4/8/19

**Signature:** S-Edwards