

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: *FEAROID O' DWYER*
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Telephone: *07553 63304*
DOB (if under 18 years of age):

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: *29-7-19*

Signature: *FEAROID O DWYER*