

**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:**

PETER R. RIES

**Telephone:**  
**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:**

**Signature:**

