RESEARCH PARTICIPANT CONSENT FORM

Title of the Research Study:
EEG Motor Imagery Data Analysis for BCI Application Using Deep Learning

Purpose of the Study:
This study aims to acquire EEG data during motor imagery tasks and use it to train, test, and validate a deep learning model for Brain-Computer Interface (BCI) applications such as wheelchair control. The project is part of academic research.

Participant Tasks:
As a participant, you will:
- Wear an EEG headset (OpenBCI Ultracortex Mark IV – 16 channel).
- Perform motor imagery (MI) tasks — the imagination of limb movement without any actual physical movement.
Tasks include:
 • Imagining left hand movement
 • Imagining right hand movement
 • Imagining both hands movement
 • Imagining both legs movement
 • Rest/relaxed state in between each task
Movement includes flexing and extending the limbs.The session will last for approximately 11 minutes continuously.

Potential Discomforts:
There are no risks of injury or hazards. However:
- Mild discomfort or slight pain may occur due to pressure of electrodes on the scalp.
- You may experience mental fatigue or difficulty concentrating during the 11-minute task session.

Voluntary Participation & Withdrawal:
Participation in this study is completely voluntary. You may withdraw at any time without any consequences.

Confidentiality:
Your identity will remain anonymous in all data records and reports. You will be referred to only by a unique subject ID (e.g., Subject001).

Demographic Information:
Name: _____

Age: _____

Gender: ☐ Male ☐ Female ☐ Other: _____

Handedness: ☐ Right ☐ Left ☐ Ambidextrous (can use both hands equally well)

Relevant Medical Conditions:
☐ Epilepsy or seizure disorders

☐ Brain injury or trauma

☐ Neurodegenerative diseases (e.g., Parkinson's, Alzheimer's)

☐ Mental health disorders (e.g., anxiety, depression)

☐ Scalp skin conditions (e.g., eczema, psoriasis)

☐ Migraine or chronic headaches

☐ Heart pacemaker or other implants

☐ None

☐ Other: _____

Consent Declaration:
I, the undersigned, hereby consent to voluntarily participate in this research study. I have read and understood the purpose, procedures, possible risks, and confidentiality policies of this study. I understand that I may withdraw at any time.

Participant Name: _____

Signature: _____ Date: _____

Witness Declaration:
I confirm that the participant voluntarily consented after being informed about the study.

Witness Name: _____

Signature: _____ Date: _____

Investigator Statement:
I have explained the study to the participant in a language they understand and ensured their voluntary participation.

Investigator Name: _____

Signature: _____ Date: _____

Note: This study will comply with any applicable legal and ethical guidelines for human research, including data privacy and human subject protections as outlined by national/institutional standards.