

Participant Consent Form

Please tick each box to confirm:

- | | Please
tick |
|---|--------------------------|
| 1. I confirm that I have read and understood the Participant Information Sheet (version 1.0, 28 June 2025). I have had the opportunity to ask questions and have received satisfactory answers. | <input type="checkbox"/> |
| 2. I understand that taking part involves completing an online questionnaire (\approx 15 min) whose responses will be recorded. | <input type="checkbox"/> |
| 3. I understand that my participation is voluntary and that I may stop and withdraw my data at any time before anonymisation (within 3 months) without giving a reason. | <input type="checkbox"/> |
| 4. I understand that my anonymised data may be used in academic publications and may be shared for future ethically approved research. | <input type="checkbox"/> |
| 5. I understand how my data will be stored on Google Firebase and secured, as explained in the Information Sheet. | <input type="checkbox"/> |
| 6. I am at least 18 years old, have normal or corrected vision, and meet the inclusion criteria stated. | <input type="checkbox"/> |
| 7. I agree to take part in this study. | <input type="checkbox"/> |

Participant digital signature: By clicking “I AGREE” below you are providing an electronic signature that is equivalent to a handwritten signature.

Date: _____ Participant ID: _____