**CONSENT FORM – Neural mechanisms of decision-making and self-evaluation**

**UCL Ethics Committee approval ID Number:** 8231/001

**Department:** Wellcome Centre for Human Neuroimaging, 12 Queen Square, London WC1N 3BG

**Study number/name:** Decoding the contents of visual perception

**Researcher:** Toby Wise (t.wise@ucl.ac.uk), Fatima Chowdhury (fatima.chowdhury.18@ucl.ac.uk)

**Principal Researcher:** Stephen Fleming (stephen.fleming@ucl.ac.uk)

**UCL Data Protection Officer:** Lee Shailer (data-protection@ucl.ac.uk)

Please complete this Consent Form after you have read the Information Sheet and had the opportunity to speak to the researcher. If you need any further information to help you decide whether or not to take part, then please speak to the researcher before completing this form. You will be given a copy of this Consent Form to keep for your records.

**To give your consent to take part in this study you need to read the statements below and, if you agree with the statements, tick each box. Unticked boxes mean you do not agree to the statement. To take part in the study you need to agree to all of these statements:**

*Tick box*

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| * I have read and understood the Information Sheet for this study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions, which have been answered to my satisfaction. |
| * I consent to the processing of my personal-identifiable informationfor the purposes explained to me in the Information Sheet. I understand that my information will be handled in accordance with all applicable data protection legislation and ethical standards in research. |
| * I understand that my personal data (name, contact details etc.) will be held securely by UCL. These data will only be accessible to the study team and individuals from the University and Funder who are responsible for monitoring and audits. |
| * I understand that my pseudoanonymised personal data can be shared with others for future research, shared in public databases and in scientific reports |
| * I understand that I am free to withdraw from this study at any time without giving a reason and this will not affect my future medical care or legal rights. |
| * I understand the potential benefits and risks of participating, the support available to me should I become distressed during the research, and who to contact if I wish to lodge a complaint. |
| * I understand the inclusion and exclusion criteria in the Information Sheet and as explained to me by the researcher. I confirm that I do not fall under the exclusion criteria. |
| * I voluntarily agree to take part in this study. |

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Name of participant Date Signature

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Researcher Date Signature