**CONSENT FORM - Neural Mechanisms of Emotional Learning**

**UCL Ethics Committee approval ID Number: 12707/001**

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

**I confirm that I understand that by ticking each box below I am consenting to this element of the study. I understand that it will be assumed that unticked boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I will be ineligible for this study.**

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| *Tick box* | | |
| * I have read and understood the Information Sheet for the above 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 understand that I will be able to withdraw my data until data from the study is released publicly. | |  |
| * I consent to the processing of my personal information (name, telephone number, and email address)for the purposes explained to me. I understand that such information will be handled in accordance with all applicable data protection legislation. | |  |
| * I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified*.* | |  |
| * I understand that my information may be subject to review by responsible individuals from the University (to include sponsors and funders) for monitoring and audit purposes. | |  |
| * I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. | |  |
| * I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise. | |  |
| * I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research. | |  |
| * I understand that I will be compensated for the portion of time spent in the study. | |  |
| * I agree that my anonymised research data may be shared openly and used by others for future research. No one will be able to identify you when this data is shared. | |  |
| * I hereby confirm that I understand the inclusion and exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and 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