

Department of Psychology & Neuroscience

Consent Form Signature Page *(this page must be printed on a separate sheet)*

- Participants Must Read And Sign This Form To Confirm That They Understand And Accept Conditions Before Experiment Can Begin
- Participants Must Be Given A Copy Of This Form For Their Information And Records

Feel free to address any questions you may have about the study to the Principal Investigator / Researcher either now, or after you have participated.

Study Title

Name of Principal Investigator

Research Supervisor (if different from PI)

Contact Person (if different from PI)

Address

Telephone

Email

Psychology Department Participant Pool Policy

Individuals with specific ethical concerns should contact either the Research Supervisor or a member of the Human Research Participants & Ethics Committee of the Department of Psychology & Neuroscience, Tel: 902.494.1580, email psych.ethics@dal.ca.

Please sign below to confirm that you have had your questions answered to your satisfaction, that you are aware that all records are entirely confidential and that you may discontinue participation at any point in the study.

If you anticipate receiving educational credit points for assisting in this research, you may choose to do so as either a Research Participant or as an Observer.

If you choose to be a Research Participant, the researcher will keep your data and use it in the research project.

If you choose to be an Observer, the researcher will destroy any data that you may have provided, after you complete the study.

Please check one box below to indicate whether you choose to be a Research Participant or an Observer.

☐

Research Participant
(Use my data)

☐

Observer
(Destroy my data)

[] I consent to have my data stored in a data repository for future research (delete if not needed).

Participant's Signature:

Date:

Researcher's Signature:

Date: