

Cognitive Psychology Department

Informed Consent form (version 0.85)



- EEG MRI Other (e.g. behavioral, eye-tracking)

Fill out before the start of the experiment!

I confirm that:

- I was satisfactorily informed about the current study and its potential risks, both verbally and in writing by means of the screening forms and if applicable additional study specific information brochure(s).
- I have had the opportunity to pose questions regarding the study and that these questions have been answered satisfactorily.
- I have carefully considered my participation in the experiment.
- I participate in a sober state and of my own free will.

I agree that:

- My data will be acquired and stored for scientific purposes.

I understand that:

- I have the right to withdraw from the experiment at any time without having to give a reason.
- My privacy is protected according to Dutch law.
- Personal information collected for payment will only be used for the purpose of financial compensation and kept separate from the experimental data.

I give my consent to take part in:

Experiment:

Name:

Date of birth: (dd/mm/yy)

I agree that my experimental and coded data can be used and shared with others for strict scientific reasons only: **YES / NO** (encircle preference)

Signature:

Current date: (dd/mm/yy) **Place:**