

CONSENT FORM

Study title: Assessment of the applicability of brain response to acoustic stimulus measurements using multichannel recordings

Researcher name: Suwijak Deoisres, Ghadah Aljarboa

ERGO number: 52472

Participant Identification Number:

Please initial the boxes if you agree with the statements:

I have read and understood the information sheet (<i>insert date /version no. of participant information sheet</i>) and have had the opportunity to ask questions about the study.	<input type="checkbox"/>
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	<input type="checkbox"/>
I agree that anonymised data from the current study may be used for future studies.	<input type="checkbox"/>
I understand my participation is voluntary and I may withdraw (at any time) for any reason without my participation rights being affected.	<input type="checkbox"/>

Name of participant (print name).....

Signature of participant.....

Date.....

Name of researcher (print name).....

Signature of researcher

Date.....