



CONSENT FORM

Understanding individual differences in learning and memory

Study ID number _____

Please sign below to show that you understand the statements and agree to them.

- I have read the letter of introduction and the information leaflet about 'Understanding Individual Differences in Learning and Memory'.
- I have discussed any outstanding questions with the researcher named below and I wish to participate in the study.
- I understand that my involvement in this study is entirely voluntary and that I do not have to participate in any part that I do not want to. If I wish to stop the session I may do so at any time. I do not need to give any reasons or explanations for doing so. My participation in this study does not influence my continued involvement in the NCDS.
- I understand that the researcher will **not** be able to provide me with any feedback on my performance in the assessments.
- I understand that all information I provide will be treated in the strictest confidence and used for research purposes only. The results of my assessments will be coded and anonymised and will never be stored with any of my personal details.
- I understand that the results of the study may be presented in publications, reports, and web pages but nothing will be published which could allow me to be identified.

Study Member:

Study ID number: _____ Name (Please print): _____

Signed: _____ (Study member) Date: _____

Researcher:

I confirm that I have explained the nature of the study to the person named above and have left a copy of the information sheet and this consent form with them for future reference.

Signed: _____ (Researcher) Date: _____