



INFORMED CONSENT FORM

Project Title:

Principal Investigators:

Participant Number: _____

*please tick
where applicable*

I have read and understood the Participant Information Sheet.

I have had an opportunity to ask questions and discuss this study, and if I asked any questions I have received satisfactory answers.

I understand I am free to withdraw from the study at any time, without having to give a reason for withdrawing, and without prejudice.

I agree to take part in this study.

I consent to video recording of my face and upper body during the experiment.

I agree that these recordings may be shown to other participants in this gestural communication experiment. My name will not be revealed under any circumstances.

I agree that these recordings may be kept permanently in the Linguistics & English Language archives, and that they may be used by the Principal Investigator and colleagues for research purposes, in research-related presentations and publications. My name will not be revealed under any circumstances.

I agree that these recordings may be made publicly available (e.g. via the world-wide web), if required e.g. for publication of the research. My name will not be revealed under any circumstances.

I would like to receive feedback on the overall results of the study at the email address given below. I understand that I will not receive individual feedback on my own performance.

Email address.....

Signature of participant.....	Date.....
(NAME IN BLOCK LETTERS).....	
Age (in years)	
Sex	