**ASSENT FORM** 

Please put a tick (√ ) in each box to show that you agree with each of the corresponding statements. Feel free to ask the experimenter questions if there is anything you are not sure about.

|  |  |
| --- | --- |
|  | I understand that I will complete *[briefly explain task].*  |
|  | In addition, I will be asked to complete *XY [add extra statements for each different task and/or completions of questionnaires].* |
|  | *[I can skip any questions on the questionnaires that I do not wish to answer.* *Include if questionnaires are used]*  |
|  | At the end of the experiment, I will learn more about the purpose of the study. The whole experiment will last around *XY*.  |
|  | I understand that I am free to choose to participate in this experiment or not. And I can stop my participation at any time without giving a reason and without any effects on my school record.  |
|  | I understand that all information provided by me will be stored securely and anonymised. This means that my performance in the *XY task or my answers in the questionnaires* are not linked with my name. [change if confidential data collection is used!!] |
| 4  | I understand that I can ask the experimenter any questions or discuss any concerns I have about the study.  |
|  | I assent to participate in this study conducted by *XY [student name]* in the School of Psychology, University of Aberdeen under the supervision of *XY (supervisor name)*. |

Only if you agree to take part:

Name: Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(day/month/year)

Experimenter: Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(day/month/year)

**Please RETURN this slip to the school within a week of receiving this form.**