

SCHOOL OF PSYCHOLOGICAL SCIENCES**Consent form**

Title of Project:
Perception of Randomness

1. I have read the Participant Information Sheet.	Initials:
2. I have received enough information about the study	Initials:
3. I understand that I do not need to take part in the study and if I do enter I am free to withdraw:- * at any time * without having to give a reason for withdrawing * and without detriment to myself.	Initials:
4. I agree to take part in this study.	Initials:

Name of participant: **Signed:** **Date:**

Name of researcher: **Signed:** **Date:**

**This project has been approved by the
University research Ethics Committee**