

Informed Consent Form for Experimental Participants

Please read the following information carefully. You can also request a copy for future reference.

Experiment: Language Attrition and Acquisition

Experimenter: Antonella Sorace, Thomas Bak, Frank Keller, Francesca Filiaci, Ian Finlayson

Affiliation: The University of Edinburgh

DESCRIPTION: You are about to participate in a research study that investigates the processing of language in different groups of monolingual and bilingual speakers. In the course of this session you will engage in several tasks, some of them involve the use of language (Italian and English) and some of them do not.

RISKS AND BENEFITS: There are no known risks involved in this procedure. Beyond the remuneration that you will receive (£15), there are no benefits to participation (please note that if you do not wish to take this money, it will go to the Bilingualism Matters project, a service providing advice and information on bilingualism to the wider community).

TIME INVOLVEMENT: Participation will take approximately 1 and a half hours.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this experiment, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

If you agree with the above-stated conditions and are willing to participate in the experiment, please sign below. By signing the form, you confirm that you meet the following conditions:

- You are a native speaker of Italian living in an English speaking country OR
- You are a native speaker of English and learned Italian as an adult.
- You are at least 18 years old OR the parent/guardian of a younger participant.
- You have read the above consent form, understood it and you agree to it.
- You want to participate in the above-mentioned experiment.

Name of the parent or guardian: _____

Name of the participant: _____

Date: _____ Signature: _____
