

Biased competition between emotional faces in visual working memory.

Please initial within each box

- ☐ I understand that my participation in this project will involve completion of a visual working memory task in which memory accuracy for emotional faces is tested. Four faces will be presented simultaneously to encode into memory, in which my eye movements will be tracked and recorded. After a short delay a single face will be presented, and I will state whether this face was one of the faces just seen (this is a simple 'yes' / 'no' answer using the computer keyboard). Upon completion of this task I will undergo a social anxiety questionnaire which is designed to measure an individuals' level of social phobia. This task will require approximately 45 minutes of my time.
- ☐ I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason and without loss of course credit.
- ☐ I understand that I am free to ask any questions at any time. I am free to withdraw without providing a reason, or to discuss my concerns with Dr Madge Jackson (m.jackson@abdn.ac.uk).
- ☐ I understand that the information provided by me will be held anonymously so that it is impossible to trace this information back to me individually. Information will be transferred (and deleted) from the testing computers and held in a secure folder on Dr Jackson's office computer. In accordance with the Data Protection Act this information may be retained indefinitely. To ensure access to the data for the wider research community, the anonymous dataset may be archived in a UK Data Archive.
- ☐ I understand that at the end of the experiment I will be provided with additional information about the purpose of the study.
- ☐ I have had an opportunity to discuss with the experimenter any questions or concerns I have about the study at this stage.

I consent to participate in this study conducted by Leia Ferrall in the School of Psychology, University of Aberdeen under the supervision of Dr Madge Jackson.

Name (PRINT):

Signed:

Date:

Experimenter (PRINT):

Signed:

Date: