

## Participant Agreement Form

**Full title of project:** Ageing, Landmark Recognition, Attention, and Route Learning



**Name, position and contact details of researchers:**

Dr Ramona Grzeschik – [rgrzeschik@bournemouth.ac.uk](mailto:rgrzeschik@bournemouth.ac.uk)

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Please Initial  
or  
Tick Here

|  |  |
|--|--|
| I have read and understood the participant information sheet for the above research project.   |  |
| I confirm that I have had the opportunity to ask questions.  |  |
| I understand that my participation is voluntary.   |  |
| I understand that I am free to withdraw up to the point where the data are processed and become anonymous, so my identity cannot be determined.  |  |
| During the task or experiment, I am free to withdraw without giving reason and without there being any negative consequences.  |  |
| Should I not wish to answer any particular question(s) or complete a task, I am free to decline.   |  |
| I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the outputs that result from the research. |  |
| I agree to take part in the above research project.  |  |

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of Researcher                      Date                      Signature

*This form should be signed and dated by all parties after the participant receives a copy of the participant information sheet and any other written information provided to the participants. A copy of the signed and dated participant agreement form should be kept with the project's main documents which must be kept in a secure location.*