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Study number: Ethics submission no. 256001

Participant Identification Number for the study:

PARTICIPANT CONSENT FORM

Title of Project:

Name of Researcher:

Please Initial to
Confirm Agreement

I understand and agree that information gathered during my participation for this study will be fully anonymised and shared in a public data repository subject to strict laws and University of Edinburgh policies intended to safeguard my privacy. I also understand that once on the repository, these data cannot be removed.

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I understand that I am under no obligation to take part in the study and that I can withdraw from the study at any time without giving any reason.

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I have read the Participant Information Sheet that has been provided to me, and this Consent Form, and have been given the opportunity to ask questions about them. I am satisfied that I have all the information that I need to provide informed consent.

☐

I agree to participate in the study.

☐

Signature of Participant:

Name:

Date:

Signature of Witness:

Name:

Date: