### CONSENT FORM FOR ADULT PARTICIPANTS

Effect of cognitive load on speech perception

Declaration of Consent

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| --- | --- |
|  | Please circle either YES or NO |
| 1. I have read and understood the information sheet entitled ‘Effect of cognitive load on speech and non-speech perception’, and I have had chance to discuss the study and to ask questions. | YES / NO |
| 2. I have had satisfactory answers to all of my questions. | YES / NO |
| 3. Who has explained the study to you?  …………………………………………………………… |  |
| 4. I understand that I am free to withdraw from the study:   * At any time. * Without having to give a reason. | YES / NO |
| 5. If I have any questions or concerns about the research, I know I can contact Prof Sven Mattys via email sven.mattys@york.ac.uk or by phone 44-(0)1904-32-3145. | YES / NO |
| 6. I accept the terms and conditions of this study and agree to take part. | YES / NO |
| **7**. PARTICIPANT Signature of Participant.……………………………………………………….……………... Date……..……………………  Name (BLOCK LETTERS) ……………………………………………………………………………………………………...….. | |
| **8**. INVESTIGATORI have explained the study to the above participant and he/she has indicted his/her willingness to take part. Signature of Investigator...……………………………………………..……….……..…. Date…………….…..…….….  Name (BLOCK LETTERS) …………………………………………………….…………………………………………..…..….. | |