**Sample Information sheet and Consent form for Experiment**

**Information Sheet for study on XX**

My name is X and I am conducting research in the Department of Psychology that explores XXXX. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to participate in a research study that will form the basis for an undergraduate thesis. Please read the following information before deciding whether to participate.

**What are the objectives of the study?** The nature of this study requires participants to identify the correct letter in each image. A full debrief will be offered after participation, where any questions additional will be answered following participation.

**Why have I been asked to participate?** I would like to collect information from different people regarding X.

* Insert any inclusion criteria here
* Must over 18 years of age

**What does participation involve?** Include a brief description of what is involved.

**Right to withdraw** Participants have the right to withdraw from the research at any time for whatever reason. Participants can also request at any time to have their response data removed from record.

**Are there any benefits from my participation?** While there will be no direct benefit from participation studies like this can make an important contribution to our understanding this topic further. As such, the findings from this study may be presented at national and international conferences and will be submitted for publication in peer-reviewed journals. Interim and final reports will be prepared. However no individual participant will be identified in any publication or presentation. Individuals will not be offered any monetary or other rewards for their participation.

**Are there any risks involved in participation?** There are no known risks associated with participation. Any inconvenience involved in taking part will be limited. After participation, a debriefing stage will be offered where any further questions will be answered, or any questions can be emailed to my email address below.

**Confidentiality** All individual information collected as part of the study will be used solely for experimental purposes. They will be stored safely and will not be publicly displayed or published without prior consent. Data collected is stored in the EU, for five years, and will be used for research purposes to generate research content such as publications and presentations.

Please note this research has been ethically approved by the DBS College Human Research Ethics Committee.

**Contact Details**

Should you require any further information about the research, please contact

Joe Bloggs, [studentnumber@mydbs.ie](mailto:studentnumber@mydbs.ie). My supervisor can be contacted at [insert details].

Thank you for taking the time to complete this survey.

**Consent Form**

**A Study of XXX**

I have read and understood the attached Information Sheet regarding this study.

Yes / No

I have had the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to all my questions.

Yes / No

I understand that I am free to withdraw from the study at any time without giving a reason and without this affecting my training.

Yes / No

I agree to take part in the study, the results of which will be published.

Yes / No

I agree to have my data relating to this study to be stored confidentially as described in the Information Sheet.

Yes / No

I consent to participating in the study.

Yes / No

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Participant’s Name in print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_