



Donders Centre for Cognition

For participation in:  Behavioural

EEG

Sled

Robot

\*tick the applicable box(es)

**To be filled out by the PARTICIPANT:**

- I was satisfactorily informed about the study both verbally and in writing, by means of the general information brochure (version 3.0) and additional study specific information brochure(s).
- I was able to ask questions about the study which have been answered adequately. I had enough time to decide if I want to take part.
- I know that taking part in the study is voluntary. I also know that I can decide not to take part or stop taking part at any moment. I do not have to explain why.
- I give consent to the researchers to collect and use my research data for a minimum period of 10 years.
- I give consent to acquisition of personal data for administrative purposes.
- I give consent to collect demographic data (like gender or age) to answer the research question.

I understand that:

- I have the right to withdraw from the experiment at any time without having to give a reason.
- My research data are not examined from a clinical perspective.
- I have the right to request disposal of my research data that are potentially identifiable up to 1 month after finalization of the data collection.

PLEASE TURN OVER THIS PAGE

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**Please tick yes or no in the below table and include the date.**

I give my consent to participate in this experiment.	Yes	No*
I give my consent that sensitive personal data on my health, background or preferences is collected to answer the research question.	Yes	No*
For reviewing purposes some authorities will be able to see all of my data. These authorities are mentioned in the information brochure. I give consent to these to access and review my data.	Yes	No*
I give my consent that my not directly identifiable experimental data will be collected and stored.	Yes	No*
I give my consent that my not directly identifiable experimental data will be made public, e.g. the data are publicly shared with persons interested in the data, for instance for verification, re-use and/or replication.	Yes	No*
Datum	__ / __ / __	

*\*If you answer one of the questions above with 'no', then you cannot participate in this experiment.*

I give consent to approach me after this study to participate in a follow-up study and understand that the coupling between my personal contact details and the research data is stored. At the latest this is deleted one month after finalization of the research.	Yes	No**
I give my consent that some sensitive personal data on my health, background or preferences is made public, e.g. the data are publicly shared with persons world-wide who are interested in the data, for instance for verification, re-use and/or replication.	Yes	No**

\*\*The answer to these questions does not affect participation in this research. Hence you can answer with 'no' and still participate.

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**To be filled out by the RESEARCHER prior to the start of the experiment:**

I declare that I have provided this participant with all the information on this research.

Name researcher (or the representant of the researcher):.....

PI group:.....

DCC PPF number:.....

Participant number:.....

Signature:..... Date: \_\_ / \_\_ / \_\_