**Consent Form for Research Participation**

***Study Title:***

***Experimenter***

Name:

Phone:

Email

***Research Supervisor***

Name:

Phone:

Email:

The research that you will be participating in today is part of a Chinese University of Hong Kong, Department of Psychology project conducted by … and supervised by Professor …. The project investigates students’ descriptions of complex scenes and their memory for lists of common words.

During today's session, you will be asked to ...

The entire session should last about ....

Experimental tasks are cognitively demanding and you might feel some fatigue. No other discomforts are expected. The risks involved in this research are deemed ordinary and not different from the risks you encounter in normal day activities.

Your participation in this research is entirely voluntary.

You may withdraw from participation at any time without penalty. In this case, you will be credited for the duration of time you have participated. You may ask the experimenter to discard your data.

All information obtained in the course of this experiment will be used for research purposes only; it will be protected and kept confidential by the researchers of this project and not be shared with a third party unless forced by law.

You will be debriefed in more detail about the project goals once you have finished the experiment. If you have further questions, please address the experimenter or call Professor ... at .… If you have any concerns about this research, you may also contact the Department of Psychology at The Chinese University of Hong Kong (Email: dept-research-ethics@psy.cuhk.edu.hk).

My signature below indicates that I have read the above description and voluntarily consent to participate in this research. I understand that I will require the signature of a parent if I am younger than 18 years.

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Participant name Student number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental signature Date

(For participants below the age of 18 years.)