

Informed Consent for the CAASD-WS Project

Thank you for your interest in taking part in this project. Before you agree to take part, the person organising the research must explain the project to you. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Title of project: CAASD-WS, “Cracking the pitch code in music and language: Insights from congenital amusia (CA), autism spectrum disorders (ASD) and Williams syndrome (WS)”.

This application has been reviewed by the University Research Ethics Committee and has been given a favourable ethical opinion for conduct.

Participant’s Statement (Please tick each box to show you agree):

I agree to take part in this study.

<input type="checkbox"/>	I have read the notes written above and the Information Sheet, and understand what the study involves.
<input type="checkbox"/>	I agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.
<input type="checkbox"/>	I understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
<input type="checkbox"/>	I authorise the Investigator to consult my General Practitioner, and my General Practitioner to disclose any information which may be relevant to my proposed participation in the project.
<input type="checkbox"/>	I consent to the processing of my personal information for the purposes of this research study.
<input type="checkbox"/>	I agree that my personal data may be stored securely within the CAASD-WS group and associated research groups, and may be used to contact me about future studies.
<input type="checkbox"/>	I agree that my anonymous research data may be used by other researchers. This data will be anonymised to maintain confidentiality.
<input type="checkbox"/>	I agree that the CAASD-WS group can access data from my previous visit(s) and link this to my data from this visit.
<input type="checkbox"/>	I understand that I am being paid for my assistance in this research and that some of my personal details will be passed to Reading Finance for administration purposes.
<input type="checkbox"/>	I understand that parts of my participation may be audio recorded and I consent to use of this material as part of the project.
<input type="checkbox"/>	I understand that parts of my participation may be video recorded and I consent to use of this material as part of the project. Videos will only be viewed by members of the CAASD-WS group and will not be shared beyond this group. [Optional – you can leave this blank for no videos and still take part in all the other parts

of the study]

Name of participant [printed]

Signature

Date

Name of Researcher [printed]

Signature

Date