



## Consent Form for Parents of Participants under the age of 18 years

**THIS IS ONLY FOR YOUR RECORDS. DO NOT FILL / SEND TO RESEARCHERS. YOU WILL GET THE OPPORTUNITY TO FILL THIS FORM ONLINE ONCE YOU START THE STUDY.**

**Title of project:** Spotting Lies and Reading Minds

**Department:** UCL Institute of Cognitive Neuroscience

**Principal Investigator:** Dr. Sarah White, Institute of Cognitive Neuroscience, University College London, 17 Queen Square, London WC1N 3AR. Email: s.white@ucl.ac.uk. Tel 020 7679 1148

**Researchers:** Ms. Ishita Chowdhury and Ms. Catherine Hill, Institute of Cognitive Neuroscience, University College London, 17 Queen Square, London WC1N 3AR. Email: ishita.chowdhury.16@ucl.ac.uk, catherine.hill.21@ucl.ac.uk

**UCL Data Protection Officer:** data-protection@ucl.ac.uk

This project has been approved by the UCL Research Ethics Committee as Project ID 14807/002

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. 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.

**I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.**

1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of my child. I have also had the opportunity to ask questions which have been answered to my satisfaction.	
2.	I understand that I am free to withdraw my child's data up to seven days after my participation.	
3.	I consent for my child to participate in the study. I consent to the processing of my child's personal information for the purposes explained to me. I understand that such information will be handled in accordance with all applicable data protection legislation.	
4.	I understand that all personal information will remain confidential and that all efforts will be made to ensure I or my child cannot be identified. I understand that my child's data will be associated with an identifying code, kept separate from their identity, and stored securely. It will not be possible to identify me or my child in any publications.	
5.	I understand that my child's information may be subject to review by responsible individuals from the University (to include sponsors and funders) for monitoring and audit purposes.	
6.	I understand that my child's participation is voluntary and that I am free to withdraw their participation at any time during the study, any personal data provided up to that point will be	

	deleted on my request.	
7.	I understand the potential risks of participating and that the session would be suspended should my child become distressed during the course of the research.	
8.	I understand the direct and indirect benefits of participating.	
9.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	
10.	I understand that my child will be compensated for their participation in the study and that they will also have the opportunity to win an additional prize based on performance.	
11.	I understand that I or my child will not benefit financially in any other way from this study or from any possible outcome it may result in in the future.	
12.	I agree that my child's anonymised research data may be used by others for future research.	
13.	I understand that the information I and my child submit will be published as a report.	
14.	I hereby confirm that: (a) I understand the inclusion criteria and exclusion criteria as detailed in the Information Sheet; and (b) My child falls under the inclusion criteria.	
15.	I am aware of who I should contact if I wish to lodge a complaint.	
16.	I voluntarily agree to let my child take part in this study.	

**It is expected that this research will be published in a scientific journal within the next 3 years. Would you like to have a copy of it?**

	Yes, I would be like to have a copy of it Email ID:	
	No, I would not like to be have a copy of it	

**If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.**

	Yes, I would be happy to be contacted in this way Email ID:	
	No, I would not like to be contacted	

**I would like my child to be entered into the pool for the performance based bonus prize.**

**Please note: Your email address will be stored separately from your child's data but they will be linked through an identifying code, until prizes have been awarded.**

	Yes, I would be happy for my child to be entered into the performance based prize pool. Email ID:	
	No, I would not like my child to be entered into the performance based prize pool.	