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PLEASE CONFIRM THAT YOU:





INITIAL

## **CONSENT FORM**

Effects of alcohol consumption and individual differences on emotion recognition. Please confirm that the following questions to the best of your knowledge by initialling in the boxes provided.

	Are in good physical and psychiatric health.						
Speak English as first language or equivalent level of fluency.							
Be aged between 18 and 40 years.							
Drink male.	Drink between 5 and 35 alcoholic units per week if female or between 10 and 50 alcoholic units per week if male.						
Consent to the procedures as documented in the information sheet (Version 1.1 - 19/05/2017)							
HAVE YOU:							
Been given information explaining about the study and had an opportunity to ask questions?							
Had an opportunity to ask questions and discuss this study, and received satisfactory answers to all of the questions you asked?							
Received enough information about the study for you to make a decision about participation?							
DO YOU UNDERSTAND THAT YOU MAY:							
Withdraw from the study at any time without having to give a reason, and without your medical							
or legal rights being affected?							
Withdraw your data up to one year after the study or until the data are made open for sharing (whichever comes first) without having to give a reason?							
comes mist) without having to give a reason:							
I hereby fully and freely consent to my participation in this study							
I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet							
accompanying this form (Version 1.1 - 19/05/2017)							
I understand and acknowledge that the investigation is designed to promote scientific knowledge. I understand that personal information collected							
					the University of Bristol, regulatory authorities or the funding body of	of the above	
study. I give permission for these individuals to have access to personal information under conditions of confidentiality I understand that the anonymized study data collected from me as part of the study will be made available as "open data".							
I understand that the anonymized study data collected for this study may be used in future research projects but that the conditions on this form							
	r which I hav	e provided t	he data will	still apply.	Signature of the mouticine ant		
Date	D	M /1.	V		Signature of the participant:		
	Day	Month	Year		Defeat are and a		
	Print name:						
2					Signature of the investigator:		
Final consent: Having participated in this study							
I agree to the University of Bristol keeping and processing the personal information that I have provided during the course of this study. I							
understand that my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act. I							
also understand that after the study, anonymized study data will be made available as "open data". This means the anonymized study data							
will be publicly available and may be used for purposes not related to this study. I also understand that these data will be anonymized and it will not be possible to identify me from these data. I understand that my screening data will also be anonymised and stored securely by the							
study team, but will not be made "open" (i.e., publicly available).							
Date					Signature of the participant:		
	Day	Month	Year				
Print name:							
					Signature of the investigator:		