

Psychology Research Participants Panel: Member Information Form

Name: _____

Address: _____

Postcode: _____

Daytime Telephone: _____ Evening Telephone: _____

E-mail address: _____ Date of Birth: _____

[If you wish to, you may indicate your preferred method of contact by underlining it]

Gender (please circle): Male / Female Right or left handed: Right / Left

Number of years spent in formal education: _____

Are you currently in full or part-time education? Yes / No

Details of course: _____

Do you speak English as a first language? Yes / No

Do you have any impairment in your vision which is not corrected by glasses or contact lenses (e.g., blindness in one eye, colour blindness)? Yes / No

Please specify: _____

Would you consider yourself to be covered by the Disability Discrimination Act [DDA]? If so, do you have any disabilities or circumstances you are willing to tell us about, which might affect your ability to take part in certain studies? For example, if you have dyslexia you might not be eligible for language studies, or if you have photo-sensitive epilepsy you would not be able to take part in studies that involve flashing images. Or, do you have particular access requirements?
