

**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?

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