



Thank you for applying to be a participant in a study at the York Neuroimaging Centre (YNiC). You must complete each of the following sections in full. This form must be returned at least 24 hours prior to the experiment in order to receive a participant ID. Once completed, please return to reception at YNiC.

Please note we do not accept completed forms via email. If your weight is over 21 stones (133Kg) please contact YNiC before completing this form.

Gender	Title	Forename	Other initial(s)	Surname	DOB
M / F					

Email Address	Contact Telephone No.

Home Address	General Practitioner's UK Practice Address

Do you wish to become a member of the YNiC volunteer pool? Y / N
 (If you choose to become a member you may be asked to participate in further studies, though you will be under no obligation to do so).

Do you have normal vision (without glasses or contact lenses)? Y / N

Please indicate your handedness: Right Left Ambidextrous

What is your native language? _____

Clinical Diagnostic Policy
<ul style="list-style-type: none"> The York Neuroimaging Centre is not a clinical diagnostic facility and as such does not routinely inspect all scans for anomalies. However a small number of scans are sent for clinical evaluation. This does not indicate the presence or absence of an anomaly. We will send the result of any clinical evaluation to your GP for their records. Your GP may decide that further action is or is not required. We will advise you that we have sent the clinical evaluation of your scan to your GP. If your scan has been sent for clinical evaluation your research data will not be released for processing until you have indicated you are happy for us to release it by completing our data-release form.

I understand that the York Neuroimaging Centre is not offering a diagnostic service and that no clinical advice will be offered.
 I fully consent to the personal details collected on this form being stored securely at YNiC in both digital and hard copy formats.
 I confirm that I have read and understood the YNiC Clinical Diagnostic Policy and fully consent to it being applied to any and all scans acquired on me at YNiC.
 I confirm that I consent to my scans and any results obtained being stored and used for research purposes as approved by the York Neuroimaging Centre.
 I confirm that I consent to my anonymised data being used for the creation of scientific publications.

Signature: _____ **Date:** _____