Consent Form

Parent/Legal Guardian, for Children up to 12 years old

*Please personalise the footer, inserting text in place of the square brackets*

Project title

Researcher name(s)

**NOTE TO RESEARCHER: Amend/delete all text in red as appropriate.** ***All guidance information (blue italics) should be deleted.* The final text should be all in black.**

The University of St Andrews attaches high priority to the ethical conduct of research. We therefore ask you to consider the following points before signing this form. Your signature confirms that [you consent to you and your child/ward participating / you consent to participate] in this study, however, signing this form does not commit [you and your child/ward / you] to anything [you or they] do not wish to do. [You and your child/ward / You] are free to withdraw your participation at any time. ***Amend both this text and the following items to reflect whether you are asking for just the child to participate or both the parent/guardian AND child/ward.***

**Please initial box**

|  |  |
| --- | --- |
| * I understand the contents of the Participant Information Sheet (marked ‘[INSERT PIS FOOTER CODE]’) | ⬜ |
| * I have been given the opportunity to ask questions about the study and have had them answered satisfactorily. | ⬜ |
| * I understand that [our / their] participation is entirely voluntary and that [we / they] can withdraw from the study, or decline any activity or question, at any time without giving an explanation [*add when an NHS-based study* without [our / their] medical care or legal rights being affected] [*add when a school based study* without [our / their] education being affected]. | ⬜ |
| * [if there are sub components of activity that participants could be involved in, please give a line for each so that the parent/guardian can select which parts they consent they and/or their child to be involved in] I agree for [my child/ward and I / my child/ward] to participate in: a. …… b…… | ⬜ |
| * I understand who will have access to [our / their] data, how it will be stored, in what form it will be shared, and what will happen to it at the end of the study. I understand that [we /they] will be able to withdraw [our/their] data [before/within] [SPECIFIC DATE/TIME LIMIT], and I understand that if [our/their] data has been anonymised, it cannot be withdrawn. | ⬜ |
| * *add if appropriate* I agree to [us/them] being quoted in a fully identifiable manner in research publications. | ⬜ |
| * *add when an NHS-based study if appropriate* I agree to [our / their] GP being informed of [our / their] participation in the study. | ⬜ |
| * I agree [to my child/ward and I / my child/ward] taking part in the above study. | ⬜ |
| ***NOTE TO RESEARCHER:*** *amend and/or delete the following section if not relevant to your research* |  |

**Photographic images / audio recordings / video images**

I understand that part of this research involves taking photographic images / audio recordings / videos. These images/recordings will be kept securely and stored separately to any identifiable information, i.e. consent forms and questionnaires.

Audio and visual data can be a valuable resource for future studies and therefore we ask for your additional consent to maintain this data for this purpose.

|  |  |
| --- | --- |
| * I agree for [us / them] to [have our/their photo taken / be audio recorded / be filmed] | ⬜ |
| * I agree to [our/ their] image / audio / video\* material to be published as part of this research. | ⬜ |
| * I give permission for [our/ their] image / audio / video material to be used in future studies without further consultation. | ⬜ |

I confirm that I have discussed this research with my child/ward in a language they understand and that [we/they] are willing to take part.

|  |  |  |  |
| --- | --- | --- | --- |
| **For the parent/guardian to sign** | | | |
| **I confirm that I have discussed this research with my child/ward in a language they understand and that [we/they] are willing to take part.** | | | |
|  | **Print name [and state relationship to child/ward]** | **Date** | **Signature** |
| Parent or Guardian |  |  |  |
| Researcher/person taking consent |  |  |  |
|  |  |  |  |

***NOTE TO RESEARCHER:*** *if you intend to collect electronic or verbal consent, justify and explain how this will be obtained/evidenced in your ethical application form (Q31)*