**PARENT / GUARDIAN CONSENT FORM**

Highlighted [**areas**] of this template must be adapted to suit the needs of your particular study. Edited versions of this template must be approved by the applicants Tutor / Supervisor in the first instance. You may wish to consider using several versions of the consent form if you are conducting different types of research.

This document should be dated and given a version number so that when amendments are made it is clear which is the correct and most recent version. Please also ensure that highlights in this document are removed after completion. One copy of the signed and dated consent form should be given to the participant and one copy retained by the researcher to be kept securely on file.

For resubmitted versions please ensure that you track all changes to clearly identify any amendments to the reviewer.

|  |  |
| --- | --- |
| **Title of Research Project:** | **[Title]** |
| **Researcher details:**  | **[add researcher name and DMU email contact address]** |
| This agreement is made in regard to the **[e.g. recorded interview(s) etc.]** which took place on **[date]** |
|  Please tick and initial all boxes if you have read and understood the following: |
| 1. As parent / guardian I confirm that I have read and understood the Participant Information Sheet **[reference number]** for the study above. I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily
 |  |
| 1. a) I agree to **[my child’s / the adult at risk’s]** data being anonymised and stored securely

b) **[I agree for my child / adult at risks name / image to be included in this study]**  |  |
| 1. I understand that participation is voluntary. I also understand that as Parent / Guardian I am free to withdraw **[my child / the adult at risk]** from the study at any time - without giving any reason and without there being any negative consequences. As Parent / Guardian I can decline a response to any particular question, or questions on behalf of **[my child / the vulnerable adult]**
 |  |
| 1. I agreed that **[non-identifiable quotations / data]** may be **[published in articles / used in conference presentations / included in a performance / written up as a dissertation / thesis].**
 |  |
| 1. a) **[I give permission to the interview being digitally audio / video** recorded]
 |  |
| 1. b) **[I give permission for the researcher to take notes during the study]**
 |  |
| 1. I understand that De Montfort University has reviewed and approved this study
 |  |
| 1. I understand that the data collected during the study has been inspected by a supervisor from De Montfort University. I give permission for the supervisor to have access to **[my child’s / the adult at risk’s]** data
 |  |
| 1. I also acknowledge that if I am being interviewed with **[audio / video recording]**, this data may be transcribed by a third party, authorised by the university to undertake such duty.
 |  |
| 1. I agree for **[my child / the adult at risk**] to take part in the above research project
 |  |
| 1. As Parent / Guardian I agree to be contacted by the researcher named above
 |  |

|  |  |
| --- | --- |
| Print name of **[child / vulnerable adult]** |  |
| Print name of parent / guardian |  |
| Parent / guardian contact details (e-mail) |  |
| Parent / guardian signature  |  | Date |  |