|  |  |
| --- | --- |
| Department of xxxxx Tel: xxxx xxx xxxxNamee-mail; xxxxxx@bristol.ac.uk | logo-ltr |

**CONSENT FORM**

**Study Title**

## **Answer the following questions to the best of your knowledge**

(Edit and delete below as appropriate)

|  |  |  |
| --- | --- | --- |
| **Do you confirm that your child:**   | **Yes** | **No** |
| <inclusion/exclusion criterion 1> |  |  |
| <inclusion/exclusion criterion 2> |  |  |
| <inclusion/exclusion criterion 3> |  |  |

|  |  |  |
| --- | --- | --- |
| **Have you:** | **Yes** | **No** |
| Read the information explaining about the study? |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you understand that:** | **Yes** | **No** |
| You are free to withdraw your consent at any time during the study and free to withdraw your child’s data from the study prior to publication? |  |  |
| You do not need to give a reason for withdrawing? |  |  |
| The session will stop if your child asks or appears uncomfortable? |  |  |

## **I hereby fully and freely consent to my child’s participation in this study**

(Edit and delete below as appropriate)

* I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.
* I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bristol can keep and use the data my family provide for research purposes only.
* I understand the data my family provide will be kept confidential**,** and my consent is conditional upon the University complying with its obligations under the Data Protection Act / General Data Protection Regulation (GDPR).
* I understand that my child’s name and any other identifying information will not be disclosed in any presentation or publication of the research.
* I understand that on completion of the study my child’s data will be anonymised by removing all links between their name and their study data. This will be done by <insert date>, and before any presentation or publication of data.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I agree to my child’s data being passed to their school, if requested. |  |  |
| I agree to being contacted again with information about further research studies. |  |  |

If you have any concerns related to your participation in this study, contact the Research Governance Team: research-governance@bristol.ac.uk