

Informed Consent Form for Parents/Guardians of Project Participants

This is a sample informed consent form and should be adapted to suit your particular project. Please use tick boxes for the person signing the form to initial or tick (see template for consent for participants appended to the application form).

Headed paper – clear identification of the University as the responsible institution

Project Title: (Exactly as it appears on your application form)

I agree that my child/person(full name of child/person) for whom I am a guardian may take part in the above City University London research project. The project has been explained to and to me, and I have read the Participant Information Sheet, which I may keep for my records.

I understand that agreeing to take part means that I am willing to allow(Principal Investigator) to:

(list all procedures – these might include things like:)

- be interviewed by the researcher
- allow the interview to be videotaped/audiotaped
- provide samples of blood/urine/muscle tissue/saliva/faeces ___ times at ___ hour/day/week intervals
- participate in an exercise program for a period of ___ weeks
- complete questionnaires asking me about
- make her/himself available for a further interview should that be required
- take a trial medication ___ times a day for ___ weeks
- use a computer to
- allow the researchers to have access to his/her medical/academic records

Data Protection

This information will be held and processed for the following purpose(s): (list purposes)

I understand that any information (full name of child/person) provides is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.

OR

The identifiable data will be shared with (list organisations). This organisation has made a written agreement with the University to abide by the Data Protection Principles.

OR

I understand that (outline steps to be taken) will be done to protect’s (full name of child/person) identity from being made public.

AND/OR

I understand that I will be given a transcript of data concerning (full name of child/person) for my approval before it is included in the write up of the research.

I also understand that 's (full name of child/person) participation is voluntary, that s/he can choose not to participate in part or all of the project, and that s/he or I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

OR

I understand that confidentiality cannot be guaranteed for information which might be disclosed in the focus group(s)/group interviews(s).

Signature Date.....

In some fields of research, it could be desirable to re-use the data for further analysis. If it is likely that your data is of this kind and you want to have the option to use the data for other purposes, or for it to be available to other researchers, you must obtain explicit permission and describe what you want the participants to agree to in the Explanatory Statement. A statement should be included for participants to agree that the information provided can be used in further research projects which have ethics approval as long as their name and contact information is removed before it is given to them. State exactly what permission is being sought.

Participant's Name: (please print)

Participant's Age:.....

Parent's/Guardian's Name

Your relationship to participant:

If appropriate, reason(s) why s/he cannot give written consent.....

.....

Signature of Parent/Guardian:Date:.....