

NAME OF RESEARCHER

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Dear Parent/Guardian,

My name is _____, and I am a post-doctoral researcher from Kingston University, specializing in childhood fears and phobias. I will be visiting the school soon (from _____) and as part of a larger project looking at the development of childhood fears and phobias conducted by myself and _____, your child is invited to participate in a short study lasting about 15-20 minutes.

Children who take part will first be shown some pictures of two Australian animals called a quokka and a cuscus, and asked eight non-invasive questions (Fear Beliefs Questionnaire) about each animal in the context of either the countryside or a street (e.g. 'Would you be scared if you saw a quokka in the countryside/in the street?'). This will be followed by placing a Duplo figure representing themselves on a board (a 'Nature Reserve' or a 'Street') with a picture of the animals on it to determine how close to the animals children think they would like to stand. Children will then be presented with pictures of the quokka and cuscus either alone, or paired with pictures displaying scared faces. They will then be asked to complete the fear beliefs questionnaire and nature reserve task again.

As a participant, your child is not expected to be under any stress, risk or discomfort from taking part in this research. However, it will be explained to them on the day by the researcher that if at any point they do not wish to continue with the experiment, or skip a part, they should tell the researcher and they can. We would be grateful if you could also explain this to your child.

Your child is automatically assigned a code so that their name will never be attached to the data collected from them, so the information is completely confidential. The study has been reviewed and approved by an ethics committee at Kingston University. If you have any questions about the study please contact _____ at Kingston University: Tel. _____, or _____ at Kingston University: Tel. _____. If you are happy for your child to participate then please sign the attached consent form and return it to the school.

Many thanks,

If you have:

- Read and understood the information about the study.
- Asked questions if you wanted to, and got satisfactory answers
- Explained to your child that they are free to withdraw from the study at any time

Please sign below to indicate that you agree for your child to take part in the study and return this section to the school by _____

Name of child (in block letters): _____

DOB _____

Name of Parent/Guardian (in block letters): _____

Parent/Guardian's signature: _____

DATE: _____