**Teacher/Governor Consent Form**

ID NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Please circle** |
| 1. Have you read the information sheet? | **YES / NO** |
| 1. Have you had an opportunity to ask questions and discuss the study? | **YES / NO** |
| 1. Have you received satisfactory answers to your questions? | **YES / NO** |
| 1. Do you understand you are free to withdraw from this study?  * at any time * without giving a reason for withdrawing | **YES / NO** |
| 1. Do you agree to take part in this study? | **YES / NO** |
| 1. Do you agree to allow the interview to be tape recorded? | **YES / NO** |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Block Letters\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_