

CONSENT FORM

The Development of Working Memory

Please answer the following questions

	YES	NO
HAVE YOU:		
• Read the cover letter explaining the study?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU UNDERSTAND:		
• That you are free to withdraw your consent for the study at any time during the study, but prior to the data being anonymised, without having to give a reason for withdrawing?	<input type="checkbox"/>	<input type="checkbox"/>
• That the study will stop if your child asks or appears uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby fully and freely consent to my child's participation in this study

I understand the nature and purpose of the procedures involved in this study as communicated to me on the cover letter

I understand that the investigation is designed to promote scientific knowledge and I agree that the University of Bristol can keep and use the data my child provides for research purposes only.

I understand that the data my child provides will be kept **confidential**, and that consent is conditional upon the University complying with its obligations under the Data Protection Act.

I understand that on completion of the study my child's data will be **anonymised** by removing all links between his/her name and his/her study data. This will be done by **DATE** and before any presentation, publication, or depositing of the data.

Parent/Guardian signature: _____ Date: _____

Name in BLOCK Letters: _____

Child's name _____ Child's DoB: _____

	YES	NO
I agree to my child's data being passed to his/her school (optional)	—	—