[https://dams.soton.ac.uk/MediaBin/PreviewImage.asp?type=4&repoid=%7b7E697AD8-94E7-4EAD-8952-8DDDFE9B072D%7d&version=0&validate=RPJTOKRWNN&md=6-3-20114-10-01PM](javascript:top.BigPreviewPopup(283,%2062);)

[https://dams.soton.ac.uk/MediaBin/PreviewImage.asp?type=4&repoid=%7b6CC5BF2B-7C7B-46C2-AC72-AF1860F8BC0C%7d&version=0&validate=FDWHDXFKCB&md=6-23-201110-02-34AM](javascript:top.BigPreviewPopup(136,%2037);)

**Family Research Project:**

**Young Adult Follow Up**

Consent Form

**Family Research Project: Young Adult Follow-Up**

Researchers: Dr. Nicky Knights, Dr. Mark Kennedy,

Professor Edmund Sonuga-Barke, Dr. Jana Kreppner

Ethics reference: 2079

***Please ensure you have read the information sheet***

***before giving consent for your participation in the study.***

***If you have done so please initial the boxes below if you agree with the statements.***

|  |  |
| --- | --- |
| I have read and understood the information sheet (version 2) and have had the opportunity to ask questions about the study. |  |
| I give permission for interviews to be audiotaped for coding and analysis of data. |  |
| I understand that my interview data will be used for the purpose of the study only. |  |
| I understand that all information that I give during the interview will remain within the boundaries of the research team and be stored securely. My personal details will not be used in the research – any identifiable information, such as my occupation, will be changed. |  |
| I give permission for my questionnaire data to be used for the purposes of the study. |  |
| I understand that all my questionnaire responses will remain confidential and be stored securely. |  |
| I give permission for the research team to contact me in the future to offer me the opportunity to take part in upcoming studies. |  |
| I understand that in the case that information is disclosed which indicates the safety of myself or others discussed in the interview is at risk, it is the duty of the researcher to tell someone outside of the research team. |  |
| I understand that my participation in the study is strictly voluntary and I may withdraw at any time during or after the assessment, without my legal rights being affected. This will not affect my access to services. |  |

Name of participant (print name)………………………………………………………………

Signature of participant……………………………………………. Date…………………