CONSENT FORM - PARENTS/CARERS (TYPICAL GROUP)

*Study title:* Making it fair for child witnesses

*Research team: Prof. Lucy Henry, Dr Rachel Wilcock, Dr Laura Crane, Dr Gilly Nash, Dr Mimi Kirke-Smith and Dr Zoe Hobson*

* I have read the attached information sheet for the research project ‘Making it fair for child witnesses’, which my child and I have been asked to participate in.
* I have been provided with contact details of the research team so that I have the opportunity to discuss the details and ask questions about this information.
* The research team has explained the nature and purpose of the research and I believe that I understand what is being proposed.
* I understand that the involvement of my child, and our particular data from this study, will remain strictly confidential. I have been informed about what the data collected in this investigation will be used for and to whom it may be disclosed.
* I understand that I am free to withdraw from the study at any time, without giving a reason for withdrawing.
* I will complete the two questionnaires about my child that ask about any strengths or difficulties that they may have.

……………………………………………………………………………………………………………………………………………….

I hereby fully and freely consent to participate in the study, and to allow my child to do so.

Your child’s name and date of birth (Print): …………………………………………………………..……..…………

Your name (Print): …………………………………………………………………………………………………………………

(Sign): ………………..…………………………………………………………………………….………. Date: …………………

CONSENT FORM - PARENTS/CARERS (ASD GROUP)

*Study title:* Making it fair for child witnesses

*Research team: Prof. Lucy Henry, Dr Rachel Wilcock, Dr Laura Crane, Dr Gilly Nash, Dr Mimi Kirke-Smith, Dr Zoe Hobson & Ms Debbie Collins*

* I have read the attached information sheet for the research project ‘Making it fair for child witnesses’, which my child and I have been asked to participate in.
* I have been provided with contact details of the research team so that I have the opportunity to discuss the details and ask questions about this information.
* The research team has explained the nature and purpose of the research and I believe that I understand what is being proposed.
* I understand that the involvement of my child, and our particular data from this study, will remain strictly confidential. I have been informed about what the data collected in this investigation will be used for and to whom it may be disclosed.
* I understand that I am free to withdraw from the study at any time, without giving a reason for withdrawing.
* I will complete the two questionnaires about my child that ask about any strengths or difficulties that they may have.

……………………………………………………………………………………………………………………………………………….

I hereby fully and freely consent to participate in the study, and to allow my child to do so.

Your child’s name and date of birth (Print): …………………………………………………………..……..…………

Your name (Print): …………………………………………………………………………………………………………………

(Sign): ………………..…………………………………………………………………………….………. Date: …………………