



# UNIVERSITY OF CAMBRIDGE

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## PARENTAL CONSENT FORM *Family Thinking Skills*

**If you would like to participate in this study, then please complete this consent form and return in the envelope provided.**

**Name:** .....

**Your Child's Name:**.....

	<b>Please circle one:</b>	
	<b>Yes</b>	<b>No</b>
I agree to participate in this study.		
I have read the information letter and understand the aim of the project		
I have the name and email of the researchers (see study information letter)		
I understand that:		
• I will be asked to complete computer tasks and online questionnaires		
• The data will be kept confidential and stored in a secured location.		
• I can withdraw from this study at any time without giving a reason.		
• Group data may be presented at conferences or in academic manuscripts. If, in rare instances, individual data might be used, then no identifying information will allow others to trace my or my child's responses back to us.		
• This study has received ethical approval from the Psychology Research Ethics Committee of the University of Cambridge		

Signature .....

Name (please print) .....

Date .....

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This section will be removed once the form is complete.

Please provide:

Address .....

Phone .....

Email .....