

## CONSENT FORM

**Study Title: Sharing books with children**  
**Chief Investigator: Dr Anne Hesketh**

Please Initial Box

- 1) I have read and understood the Participant Information Sheet dated **03 August 2015 (version 2)** for the above study and have had time to consider the information. ☐
- 2) I have been able to ask questions about the study and these questions have been answered. ☐
- 3) I understand that taking part with my child is completely voluntary and that we are free to leave the study at any time, without giving a reason. ☐
- 4) I understand that the data collected may be published as part of a research project. Neither my nor my family's identities will be revealed in any publication. ☐
- 5) I understand that the reading sessions will be audio recorded. ☐
- 6) I agree to take part in the above study. ☐

*Please also consider number 7) – but you can still take part in the study if you say no to either or both requests.*

- 7) I understand that the data from this study will be donated to Data Archives at the end of the study and I agree that the following can be made available: ☐

Audio files ☐

Anonymised data (e.g. scores from language tasks) ☐

Name of Participant:

Signature:

Date:

Name of Researcher:

Signature:

Date:

When completed: a copy to be given to the participant; this copy for Researcher project file