



**THIS FORM WILL BE TRANSLATED INTO SWAHILI (KENYA) BY PAMELA WADENDE AND TONGA (ZAMBIA) BY BARNABAS SIMATENDE. IT IS ONLY PRESENTED IN ENGLISH FOR THE PURPOSES OF ETHICAL REVIEW**

**Exploring mealtime language use, at home and school, with children in Kenya and Zambia**

**Consent Form**

**Name of Chief Investigator: Professor Claire Farrow: parents and caregivers**

**Please initial boxes**

|  |  |  |
| --- | --- | --- |
|  | I confirm that I have read and understand the Participant Information Sheet (Version Number 6, 19/10/2020) for the above study. I have had the opportunity to think about the information and ask questions. |  |
|  | I understand that it is my choice whether to take part and that I can stop taking part at any time without giving any reason and without my legal rights being affected. |  |
|  | I agree to my personal data and data relating to me collected during the study being processed as described in the Participant Information Sheet. |  |
|  | I agree to my interview being audio recorded and to anonymised direct quotes from me being used in publications that may come from this study. |  |
|  | I agree to study visits being video recorded by a research assistant or myself. |  |
|  | I agree to have my child take part in phone interviews and that the interviews with my child be recorded. |  |
|  | I agree to take part in this study. |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant / caregiver Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person receiving Date Signature

consent.