

# Families in Tower Hamlets (IRAS no 284494)

## Adult Consent Form

\* Required

1. I have read and understood the information sheet and have had any questions answered.  
See here for information sheet <https://forms.office.com/r/TCV7bHFMSM8> \*

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2. I understand that I can withdraw from the project at any time, and that if I choose to do this, any data I have contributed will not be used. \*

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3. I understand that the results of this project might be published on the Act Early website. Small quotes may be used but my name will be removed. \*

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4. I understand that if you are concerned that I or others are at risk then anonymity and confidentiality might have to be broken. I understand that in these circumstances you will get advice about the next steps from a senior manager in my local authority. \*

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5. I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. \*

☐

6. I am happy to take part in the project \*

☐

7. I am happy to be re-contacted by the research team for future projects on family life \*

☐ Yes

☐ No

8. Name \*

## 9. Date \*

Please input date (M/d/yyyy)



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