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| **Young Researcher Consent Form**  **Children Caring on the Move (CCoM)** | | | |
|  | | **Please tick** | |
| The research and role of the Young Researcher has been explained to me and I have had any questions answered. | | Yes  ❑ | No  ❑ |
| I understand that my participation in all stages of this research is entirely voluntary. It will neither benefit or risk my immigration, education or care status. | | ❑ | ❑ |
| I understand that the results of this study might be published in research summaries or in academic journal articles. | | ❑ | ❑ |
| I understand that my personal information is being collected only for the purposes of contacting me about the research. | | ❑ | ❑ |
| I agree that our discussions can be recorded (by audio or in writing) and that the images that I make can be photographed. | | ❑ | ❑ |
| I understand that people will read about the things that we do and discuss during the research, but they will not know I said them unless I want them to. | | ❑ | ❑ |
| I understand that recordings, notes, transcript, and my personal will be kept in a secure place. Under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 data will be kept for 10 years. | | ❑ | ❑ |
| I will not be paid for volunteering, though reasonable expenses may be provided for travel and other research related activity. | | ❑ | ❑ |
| I will follow the ethical protocols we develop for the project (e.g., maintain confidentiality, anonymity, and safety of myself and research participants during the project). | | ❑ | ❑ |
| I am interested in staying involved in the project for its duration, and am committing to being involved for one year. | | ❑ | ❑ |
| I have had time to think about it, and I would like to become a Young Researcher on the CCoM project. | | ❑ | ❑ |
| Name: |  | | | |
| Signature: |  | | | |
| Date : |  | | | |