

**LEGAL GUARDIAN CONSENT FORM**

**Participant Identification Number for this study:** *XXX*

**Title of Project:** Educational Pathways and Work Outcomes of Disabled Young People in England

**Name of Researcher(s):** Dr Stella Chatzitheochari and Dr Angharad Butler-Rees

Please initial all boxes

1. I confirm that I have read and understand the information sheet (version x, dd/mm/yy) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. 
2. I understand that [name of young person] participation is voluntary and that they are free to withdraw at any time up until 1 month following their interview date without giving any reason and without their education or legal rights being affected.
3. I understand that data collected during the study may be looked at by individuals from the University of Warwick[[1]](#footnote-0), from regulatory authorities where it is relevant to participation in this study. I give my permission to these individuals to have access to my data.
4. I understand that [name of young person] data will be kept confidential and Their contributions will be anonymised. They will not be identified or identifiable in any publications or reports that result from the research. 
5. I consent to [name of young person] interview being audio recorded.



1. I am happy for [name of young person] data to be used in future research.



1. I agree to [name of young person] taking part in the above study.

Name of Legal Guardian/Social Worker Date Signature

Name of Person Date Signature

taking consent

1. In the very rare event of a complaint, the collected data might be consulted by relevant regulatory bodies, such as the Head of Research Governance or by qualified individuals responsible for safeguarding data privacy. The safety of participants (such as request of anonymity, etc.) will remain a priority throughout. [↑](#footnote-ref-0)