**CONSENT FORM FOR PARENTS**



**Study Title: The Relations Study**

**Chief Investigator: Professor Anne Whittaker, University of Stirling**

**IRAS ID: 279078**

**PARTICIPANT UNIQUE ID:**

**If you have decided to join the above named study, please read and sign this consent form.**

**Please tick each box below if you agree**

|  |  |
| --- | --- |
| 1. I confirm that I have read and understood the participant information sheet, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , version \_\_\_\_\_\_\_\_ , for the above study. I have had the opportunity to consider the information and ask questions and I am satisfied with the answers given. |  |
| 1. I understand that my involvement in the study is voluntary and that I am free to withdraw at any time, without giving a reason, and without my health and social care or legal rights being affected. |  |
| 1. I agree that my child/children can be involved in the study and I understand that their involvement is voluntary. |  |
| 1. I agree to spend time with the researcher as part of the ethnographic study as described in the participant information sheet. |  |
| 1. I give permission for the researcher to audio-record my interviews. |  |
| 1. I give permission for my audio-recorded interviews to be typed up by a professional transcription service arranged by the University. |  |
| 1. In the event that I disclose details about a child or vulnerable adult at risk of harm, or a serious unsolved criminal offence, I understand that the researcher may need to share this information. |  |
| 1. I agree that the researcher can maintain contact with me for the duration of the study and I give my permission for the research team to contact me via other named people if required. |  |
| 1. I give my consent for the research team to write to my GP and other named professionals\* in my direct care team to notify them that I am taking part in this study. *\*Add names below* |  |
| 1. I understand that relevant sections of my data, collected during the study, may be looked at by individuals from the Sponsor, NHS research office and funder, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data. |  |
| 1. I give my permission for the long-term storage and use of my pseudo-anonymised research data for future ethically approved studies. |  |
| 1. I agree to take part in the above study. |  |

**\*Point 9: Add names of professionals who you agree can be notified:**

Name: Organisation:

Name: Organisation:

Name: Organisation:

Name: Organisation:

**…………………………………………………………………...………………………………………**

**Name of Participant Date Signature**

**………………………………………………………..………….…………………….………………**

**Name of researcher taking consent Date Signature**

1x signed for research team records; 1x signed for Participant to keep.