

**CAREGIVER ONLINE CONSENT FORM**

The following questions will be asked of parents prior to the start of the assessment session on the Zoom call. Taking of consent will be recorded.

1. You have read the attached information sheet **☐ Yes ☐ No**
2. That you have had the opportunity to ask questions about the study and that they have been answered satisfactorily **☐ Yes ☐ No**
3. You are happy for you and your child to participate in this study voluntarily and at both time points **☐ Yes ☐ No**
4. You are happy for your child’s classroom teacher to be contacted to complete questionnaires about your child’s experiences at school at both time points **☐ Yes ☐ No**
5. You are happy for your child’s classroom teacher and head teacher to be shown this consent form as confirmation that your child is taking part in the study **☐ Yes ☐ No**
6. You are happy for yourself and your child to be video-recorded on the understanding that these recordings will be kept secure and will be accessible only locally to the researchers involved in the study, will not be distributed over the internet, and will not be stored alongside other personal information, such as this consent form **☐ Yes ☐ No**
7. You understand that when the study is finished, anonymous and deidentified data gathered in the study will be deposited and held indefinitely in the ReShare UK Data Service repository. No data will be made available alongside personal or identifying information. Please indicate your consent to sharing of:
   1. Fully anonymised and de-identified databases **☐ Yes ☐ No**
   2. Fully anonymised and deidentified transcripts of my child’s video recordings

(not the videos themselves) **☐ Yes ☐ No**

1. You understand that the personal data you provide will be processed in accordance with GDPR regulations (see privacy statement overleaf) **☐ Yes ☐ No**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s sex F M Other/unspecified

Child’s class teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caregiver consent to use data for academic purposes**

Showing brief clips from children’s videos is a very useful way to illustrate important aspects of children’s development and to train new researchers, and so such clips may be shown to students or at professional meetings. I give consent for such clips to be taken from this video record, with the understanding that my name or my child’s name will never be associated with the video clip, and that the video will never be shown to unauthorised individuals.

Yes \_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_

**Caregiver consent to be contacted about future studies**

If you are willing to be contacted about possible extensions to this research, or about future research conducted at Cardiff University, please write your contact details below. Any information you provide will only be used by the Cardiff University Centre for Human Developmental Science and will not be passed on to anyone else. Your information will be entered into a secure database, kept confidential and will automatically be deleted when your child turns 16. You may request to be removed at any time, without reason.

I would like to be contacted about future research ☐ Yes ☐ No

I give consent for the details I have provided to be kept on a secure database for future research purposes ☐ Yes ☐ No

You can contact me via:

Email ☐ Yes ☐ No, if yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ☐ Yes ☐ No, if yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post ☐ Yes ☐ No, if yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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