**Sample Information sheet and Consent form for Study with Under 18s**

**INFORMATION SHEET FOR PARENTS**

Research Topic: Finding out about how children can tell us about their lives

**Researcher:** NAME, Student researcher, Contact

NAME, Supervisor, Contact

**Background and Purpose:** In my research I am interested in finding out about how children think about themselves and what they think is important in their lives. Usually psychologists do this by giving children a questionnaire, and children tick answers to questions which researchers have come up with. However I am interested in doing it differently. I’m looking for more creative and enjoyable ways for children to tell us about themselves. In particular I am interested in children’s drawings. I am doing as part of my studies at DBS, and I am working with Dr XXXX, whose contact details are included above.

**What happens if my child takes part?** I will be visiting your child’s school during class time, at a time arranged with the principal. I will ask all participating children in the class to do two drawings about favourite things in their lives. They will also fill in a questionnaire. It is a standard questionnaire designed for children, to explore how they think and feel about themselves. *If you decide your child will not take part* your child will be present in the classroom but will not do the drawings or fill in the questionnaires. They will be asked to read quietly while the others take part.

**What will happen to the results of the study?** The information from the children’s drawings and questionnaire responses will tell us about things which are important to children and whether they are missing from questionnaires which researchers use. This will help us to find out how good drawings are as a way of telling us about children’s lives. It will also allow researchers to make questionnaires better by making them more relevant to children. The study’s results will be published in academic journals and presented at academic conferences. However at no point will any children be identifiable.

**How will my child’s information be protected?** The children’s answers will remain confidential. When doing drawings and questionnaires, each child will be given an ID number. This will be used for any information relating to the study. The information which links names and numbers will be stored separately in a secure location until the research is completed. Once the study has been completed your child’s name will be removed and all the data will be destroyed after 5 years.

**Voluntary Participation**: It is up to you and your child to decide whether your child is going to take part or not. Participation is completely voluntary. Your child is free to withdraw at any time. I will remind the children of this when I meet them.

**Important: The consent form!** *There is a consent form attached to this information sheet. Every child participating on the day must have a consent form which you have signed. Please note that research practice guidelines do not allow me to make any exceptions, and verbal permission cannot replace the signed consent form.* It is important to remember to return the signed form to school as without it your child will not be allowed to take part.

**Further Information:** This research is being conducted to assist researchers with finding out about children’s views of themselves and their lives. We very much hope that you will agree to let your child take part in the research. If you require any assistance or have any questions about the research study, please feel free to contact me.

**Thank you very much for supporting this research study. Please keep this information for your records.**

**PARENT’S CONSENT FORM**

Title of Study: Finding out about how children can tell us about their lives.

**Researcher:** NAME, Student researcher, Contact

NAME, Supervisor, Contact

**Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that I have read and understood the Information Leaflet for Parents for the above research study and have received an explanation of the nature, purpose and duration of the study. I understand what my child’s involvement will be.

Yes / No

I have had time to consider whether I want my child to take part in this study. Any questions have been answered satisfactorily.

Yes / No

I have explained this study to my child and I am happy that he/she understands what is involved.

Yes / No

I understand that my child’s participation is voluntary (that my child and I have a choice as to whether she/he participates) and that my child is free to withdraw at any time if she/he chooses to do so.

Yes / No

I understand that the information collected may be presented and/or published in academic journals and at conferences, but that no child will be identifiable from the information.

Yes / No

I agree for my child to take part in the above study.

Yes / No

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Name of Parent (in block letters) Date Signature