Consent Form

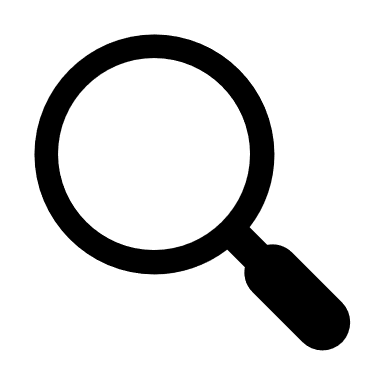
For participants aged 12-16 years

*Please personalise the footer, inserting text in place of the square brackets*

Project title

Researcher name(s)

**NOTE TO RESEARCHER: Amend/delete all text in red as appropriate.** ***All guidance information (blue italics) should be deleted.* The final text should be all in black.**

Please read this form carefully before signing at the bottom.

Your signature confirms that you agree to take part in this project

Signing this form does not mean you have to do anything you do not wish to do.

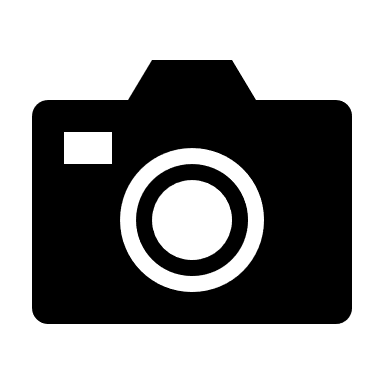
You can choose to stop taking part at any time.

*Amend both this text and the following items as required.*

**Please read the information below and put your initials in the box if you agree:**

|  |  |
| --- | --- |
| * I have read and understand the Project Information Sheet (marked ‘[INSERT PIS FOOTER CODE]’) | ⬜ |
| * I have been given the chance to ask questions about the project and am happy with the answers given. | ⬜ |
| * I understand that choosing to take part is up to me and I can stop taking part or choose not to do any activity or answer any question, at any time without giving a reason [*add when an NHS-based study* without my medical care or legal rights being affected]. [*add when a school-based study* without my education being affected]. | ⬜ |
| * *if there are sub components of activity that a child could be involved in, please give a line for each so that they can select which parts they consent to be involved in* I agree to take part in: | ⬜ |
| * + Component 1 | ⬜ |
| * + Component 2.. | ⬜ |
| * I understand how my information will be used. | ⬜ |
| * I understand that I can ask for my information to be deleted [before/within] [SPECIFIC DATE/TIME LIMIT], and I understand that if my information has been anonymised, it cannot be deleted. | ⬜ |
| * *add if appropriate, i.e. using identifiable data* I agree to my real name being used when the research results are made public. | ⬜ |
| * *add when an NHS-based study if appropriate* I agree to my GP being told I am taking part in this project. | ⬜ |
| * I agree to take part in this project. | ⬜ |
| ***NOTE TO RESEARCHER:*** *amend and/or delete the following section if not relevant to your research* |  |

**Photos / audio / video recordings**

****I understand that part of this project involves taking photos / audio / video recordings of me. These will be kept securely and stored separately to any other information about me.

Photos and recordings can be a valuable for future projects and therefore we ask for your additional agreement to keep these for future projects.

|  |  |
| --- | --- |
| * I agree to have my photo taken / to being audio recorded / to being filmed | ⬜ |
| * I agree to photo / audio / video recordings of me to be made public as part of this research. | ⬜ |
| * I agree for photo / audio / video recordings of me to be used in future research projects without being asked again in the future | ⬜ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Read the statements below and print and sign your name if you agree | | | | |
| **I agree that I have talked about this project with my parent/guardian and that they are willing for me to take part.**  **I agree that am willing to take part in this research** | | | | |
|  | **Print name** | **Date** | **Signature** | |
| Participant (you) |  |  |  | |
| Researcher/person taking consent |  |  |  | |
|  | | | |

***NOTE TO RESEARCHER:*** *if you intend to collect electronic or verbal consent, justify and explain how this will be obtained/evidence in your ethical application form (Q31)*