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| **DECLARATION OF CONSENT for participation in:**  **<…enter the study title here, max. 1 line, which must be identical to that in the information letter…>**  **Please note:**  **For children aged 11 or under, only the child’s parent/guardian is required to sign this declaration.**  **For children aged 12 or over, both the parent/guardian and the child must sign.**  I, the parent or guardian of the child referred to below, and I, as a child aged 12 or over, hereby confirm:   * that I have been satisfactorily informed about the study through the information letter; * that I have been given the opportunity to ask questions about the study and that any questions I asked have been satisfactorily answered; * that I have had the opportunity to carefully consider participation in this study; * that I voluntarily consent to my child’s participation / that I voluntarily consent to participating.   I consent to the following:   * the data collected will be obtained for scientific purposes and retained as stated in the information letter;   [Delete if inapplicable or rephrase as appropriate to your study]:   * the collected, coded/anonymised [retain as applicable] research data may be shared with other scientists and/or reused to answer other research questions; * audio and/or video recordings [retain as applicable] will be made for scientific purposes (see also the box below on the sharing and reuse of this data).   I understand that:   * I have the right to withdraw my consent to the use of data, as stated in the information letter.   Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of child (aged 12 or over): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date, town/city: \_\_\_ / \_\_\_ / \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Declaration on data reuse: **to be completed after the data collection has taken place**  (please tick as applicable and sign below):  **<this box can be removed if no audio and/or video recordings will be made>**   1. Do you agree to the sharing of the collected audio and/or video recordings [retain as applicable] of your child, which are not anonymous, with other researchers for research purposes?   **Parent/guardian:** [ ] **Yes**, I agree. [ ] **No,** I do not agree.  **Child** (aged 12 or over) [ ] **Yes,** I agree. [ ] **No,** I do not agree. [ ] **Under the age of 12**.   1. Occasionally, video and/or audio recordings [retain as applicable] may be shown in scientific lectures or lessons. Do you agree to the collected video and/or audio recordings [retain as applicable] of your child being used for these purposes?   **Parent/guardian:** [ ] **Yes**, I agree. [ ] **No,** I do not agree.  **Child** (aged 12 or over) [ ] **Yes,** I agree. [ ] **No,** I do not agree. [ ] **Under the age of 12**.  Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of child (aged 12 or over): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **To be completed by the researcher carrying out the study:**  I declare that I have explained to the above-mentioned participant what participation in the study entails. | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_ / \_\_\_ / \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |