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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: \_\_\_ / \_\_\_ / \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |