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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…>**  As the manager of the following school/out-of-school care facility/nursery/other institution [retain as applicable]:  [name of institution] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ located in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  I 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 my institution’s participation in this study; * that I voluntarily consent to my institution’s participation; * that I will inform the parent(s) or legal guardian of each potential participant about the study no later than two weeks before the start of the study, by means of an information letter handed or sent to them individually, so that if they wish, they can in good time and using the objection form, object to their child’s participation.   I consent to the following:   * the study will take place at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of institution].   I understand that:   * I have the right to withdraw my consent to the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of institution], as stated in the information letter.   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date, town/city: \_\_\_ / \_\_\_ / \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **To be completed by the researcher carrying out the study:**  I declare that I have explained to the above-mentioned manager what participation entails for both the institution and the children concerned. | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_ / \_\_\_ / \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |