**DECLARATION OF COOPERATION in:**

**[Study title]** *(Identical to the title in the information letter)*

|  |
| --- |
| *Make sure this declaration of cooperation can be printed on one page (double-sided if necessary).*  ***Legend:***   * *Instructions - remove these once you have drafted the letter.*   Text to be copied verbatim  Example text  [Text to be replaced] |

As the manager of [the school/out-of-school care facility/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 able to ask questions and that my questions have been answered to my satisfaction;
* that I have had the opportunity to carefully consider my institution’s cooperation in this study;
* that I voluntarily consent to my institution’s cooperation;

I consent to the following:

* the study will take place at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of institution*], [at a date to be agreed upon] [*or fill in the applicable date or period of time*].

*[if applicable:]*

* 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 a document/documents from the researcher handed or sent to them individually, so that if they wish, they can in good time object to or consent with their child’s participation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

**To be completed by the researcher carrying out the study:**

I declare that I have explained to the above-mentioned manager what cooperation entails for both the institution and the children concerned.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_