**DECLARATION OF CONSENT for participation in:**

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

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| --- |
| *Please note: For children up to 11 years old, only the parent/guardian needs to sign this declaration.**For children of 12 years or older, both the parent/guardian and the child need to sign.**Make sure this informed consent form can be printed on one page (double-sided if necessary).****Legend:**** *Instructions - remove these once you have drafted the letter*

Text to be copied verbatimExample text[Text to be replaced] |

**Participation:**

* I confirm that I am the parent/guardian of the child named below.
* *(if applicable)*I confirm that my child is 12 years or older.
* I have read the information letter about the study and understand what it says.
* I have been able to ask questions and my questions have been answered to my satisfaction.
* I have had sufficient time to consider my child’s participation in this study.
* I voluntarily consent to my child participating [and my child agrees to this]. *[Remove the latter for children aged 11 years or younger]*

**My child’s information:**

* I know that data about my child will be collected.
* I agree to the use of these data for scientific research, as explained in the information letter.

*[Delete or adapt to suit your research]:*

* I agree to other researchers potentially using my child’s data for their own research in the field of [broad research area, e.g. 'language research']. However, in this case the data must first be anonymised as much as possible.
* I agree to [video and/or sound] *[delete as applicable]* recordings being made. I indicate below what the researcher may do with these recordings *[delete if recordings are removed after transcription or the like]* afterwards.

*(This section may be deleted if no video and/or sound recordings are to be made)*

**Statement on the re-use of data:**(please tick whatever is applicable, and sign below).

1. Do you agree to the [video and/or sound] *[delete as applicable]* recordings of your child being shared with other researchers for research purposes? (Please note: recordings are never truly anonymous.)

**Parent/guardian:** [ ] **Yes**, I agree. [ ] **No**, I do not agree.

**Child (12 years or older):** [ ] **Yes**, I agree. [ ] **No**, I do not agree. [ ] **Under the age of 12**.

1. [Video and/or sound] *[delete as applicable]* recordings are sometimes shown in scientific lectures or classes. Do you agree to the [video and/or sound] *[delete as applicable]* recordings of your child being used in that way?

**Parent/guardian:**  **[ ] Yes**, I agree. [ ] **No**, I do not agree.

**Child (12 years or older): [ ] Yes**, I agree. [ ] **No,** I do not agree. [ ] **Under the age of 12.**

**Consent:**

I know that as a parent I have the right to withdraw my consent to the use of my child’s data, as described in the information letter. *[add the following if applicable]* As the 12- to 15-year-old participant, I also have this right.

Parent's/guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's/guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[add the following if applicable]* Child’s signature (12 years or older): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_\_\_\_

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

I declare that I have explained to the participant named above what their participation in the study entails.

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

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