

**UNDERSTANDING ETHICS PROCEDURES**

**Parent or Guardian Consent Form**

Highlighted [areas] of this template must be adapted to suit the needs of your particular study. Edited versions of this template must be approved by your Tutor in the first instance. You may wish to consider using several versions of the Parent/Guardian Consent Form if you are conducting different types of research.

This document should be dated and given a version number so that when amendments are made, it is clear which is the correct and most recent version. Please also ensure that footnotes in this document are referred to and removed after completion. A copy of this document should be given to and retained by the participant. For resubmitted versions please ensure that you track all changes to clearly identify any amendments to your Tutor during the review process.

**Title of Research Project:** [Add title]

**Researcher Name:** [Add Researcher Name]

**Researcher Student Number:** [Add Academic Student Number]

This agreement is made in regard to the [e.g. recorded interview(s) etc.] which took place on [date].

Please tick and initial all boxes if you have read and understood the following:

|  |  |  |
| --- | --- | --- |
| As Parent/Guardian I confirm that I have read and understood the Participant Information Sheet [reference sheet] for the study above. I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily. | |  |
| I agree to [my child’s/the adult at risk’s] data being anonymised and stored securely | |  |
| [I agree for my child/adult at risks name/image to be included in this study] | |  |
| I understand that my participation is voluntary. I also understand that as Parent/Guardian I am free to withdraw [my child/the adult at risk] from the study at any time – without giving any reason and without there being any negative consequences. As Parent/Guardian I can decline a response to any particular question, or questions on behalf of [my child/the vulnerable adult] | |  |
| I agree that [non-identifiable quotations/data] may be [published in articles/used in conference presentation/included in a performance/written up as a dissertation/thesis] | |  |
| [I give permission to the interview being digitally audio/video recorded] | |  |
| [I give permission for the researcher to take notes during the study] | |  |
| I understand that the National Design Academy has reviewed and approved this study. | |  |
| I understand that the data collected during the study has been inspected by a tutor from the National Design Academy. I give permission for the tutor to have access to [my child’s/the adult at risk’s] data. | |  |
| I also acknowledge that if I am being interviewed with [audio/video recording], this data may be transcribed by a third party, authorised by the National Design Academy to undertake such duty. | |  |
| I agree for [my child/the adult at risk] to take part in the above research project | |  |
| As Parent/Guardian I agree to be contacted by the researcher named above | |  |
|  | |  |
| **Print name of [child/vulnerable adult]** |  | |
| **Print name of Parent/Guardian** |  | |
| **Parent/Guardian Email address** |  | |
| **Parent/Guardian signature** |  | |
| **Date** |  | |
|  | | |
| **Note:** A copy of this document must be retained by both the participant and the researcher. | | |