

Participation Study

CONSENT FORM

Name of Lead Researcher (MSc Student): VICTORIA PLACE

Name of Supervisor: Dr. Charikleia Sinani

Please email the consent form to: v.place7676@student.leedsmet.ac.uk or c.sinani@yahoo.co.uk

Parent's / Carer's Name.....

Telephone number:

Email address:

Home or preferred contact Address:

Please initial box

- **YES.** I would like to take part in the **Participation Study** and disclose my contact details and information about my child – who shall remain anonymous throughout the study.
- I have read the Information Sheet and will have the opportunity to ask questions.
- I understand that more information is available.
- I understand that participation is voluntary and I am free to withdraw at any time, without giving any reason and without my child's medical care or legal rights being affected.
- I agree to take part in this study and for my child's details to be included in this study.

Name of Parent/ Guardian _____

Telephone number _____ Date _____

Researcher: VICTORIA PLACE

Signature _____ Date _____

Please initial box

NO I do not wish to take part in the **Participation Study**

Name of Parent/ Guardian _____

Telephone number _____ Date _____

Researcher: VICTORIA PLACE

Signature _____ *Date* _____

Please return the consent form within 7 days of receipt via email to Victoria Place: v.place7676@student.leedsmet.ac.uk or Dr. Charikleia Sinani to c.sinani@yahoo.co.uk

Thank you for your help