**CONSENT FORM**

**for PARENTS/CARERS OF CHILD PARTICIPANTS**

**Research Project:** Name of Project entered here

I, ……………………………………………………………………….., the Parent/Carer

of have read the information contained in the Information Sheet for Parents/Carers

and any questions I have asked have been answered to my satisfaction. Yes/No

I agree to my child participating in this research, realising that I may

withdraw him/her at any time. Yes/No

I agree to my child being identified in this research. Yes/No

I agree to have my child’s interview audio recorded and transcribed. Yes/No

I would like to receive a copy of the transcription of my child’s interview. Yes/No

I am the Parent/Carer of the child mentioned below. Yes/No

 …………………………….. ………………………….

 Parent/Carer Date

 …………………………….. ………………………….

 Researcher Date