 [Reference Number:]

(*Date )*

(Project Title)

**CONSENT FORM FOR CHILD PARTICIPANTS**

To be read to or read by children

(Suggested ideas/wording - add or delete as appropriate to your study)

(researcher’s name) told me about (his/her) project and I understand what it is about.

I know that I can stop taking part at any time, and I don’t have to say why.

(researcher’s name) will record our activities and take notes so that (he/she) can remember what we have done. Only (researcher’s name) and (his/her) team will have the recordings and notes, and they won’t tell anyone else what we have said.

I know that all the notes and recordings will be deleted after the study has ended.

If I have any worries or any questions, I can tell my teacher, (researcher’s name) or my family.

My name will not be on anything (researcher’s name) writes about this project.

I will get a small gift as thanks for helping with this study.

I agree to take part in the project **Yes** ☐ **No** ☐

My name is: