[Reference Number ]

 *[Date]*

*Delete any clauses that are not required and ensure the final numbering is correct.*

**[*TITLE OF PROJECT*]**

CONSENT FORM FOR

***PARENTS/GUARDIANS***

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-

1. My child’s participation in the project is entirely voluntary;

2. I am free to withdraw my child from the project at any time [*or up until ….date*] without any disadvantage;

3. Personal identifying information [*specify e.g.* *video or audio recordings*] may be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;

4. *If an open-questioning technique is to be used, include the following statement*:

This project involves an open-questioning technique. The general line of questioning includes…**[insert topics here]**. The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that my child feels hesitant or uncomfortable he/she may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. [*mention of any discomfort or risks - if not, delete*];

6. [*mention of any reimbursement issues, or any external funding, or commercial use of the data - if not, delete*];

7. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my child’s anonymity. [*Note:* ***only include the last part of this phrase if it is intended that anonymity will be preserved.*** *See main Consent Form template for the options depending on your intentions regarding anonymity.]*

I agree for my child to take part in this project.

............................................................................. ...............................

 (Signature of parent/guardian) (Date)

.............................................................................

 (Name of child)

……………………………………………………..

Name of person taking consent

This study has been approved by the University of Otago Human Ethics Committee - Te Pae Matatika Tangata, Ōtākou Whakaihu Waka. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph +643 479 8256 or email humanethics@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.