THE LONDON YOUNG PEOPLE STUDY

CONSENT FORM FOR YOUNG PEOPLE AGE 16-18

Hello!

We are thrilled that you are interested in taking part in the London Young People Study!

Please complete this form after you have read the Information Sheet and discussed it with your practitioner.

Please read each sentence and tick the box if you agree:

I have read the Information Sheet for this study.	
Thave read the information Sheet for this study.	Ш
I have had the opportunity to ask questions about the study and how my personal	
information will be used, and these questions have been answered. I understand what	
will be involved.	1
I understand what working with the team supporting me may involve, and I am happy	ø/
to work with them.	
I have enough information to decide whether to participate in the study.	
I understand that I am free to stop taking part at any point and can request to have my	
information removed from the YEF archive until 30th June 2025.	/
I understand that all personal information will be kept private and stored securely.	
I understand that the researchers will link the information they collect on me to my	
records held by the Department for Education and Ministry of Justice (if any) but	A
neither the Department for Education nor the Ministry of Justice will be able to see my	1
information collected as part of this study.	
I understand that I will never be identified in any publications or websites.	
I agree to taking part in the above study.	

If you would like to have a discussion (which will be recorded) with a researcher about your experience working with your practitioner, please tick this box:

I am happy for researchers to contact me about this	
/	

Please enter your name, contact details and signature below. First name Last name Date of birth Email address Telephone number Postcode Signature (enter initials if you can't sign on device) Local Authority

CYP Case ID