

THE LONDON YOUNG PEOPLE STUDY

CONSENT FORM FOR PARENTS AND CARERS

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

If you are happy for a researcher to contact you to schedule a discussion (which will be recorded) with your child about their experience working with practitioners, please tick this box:

I am happy for researchers to contact me about this	<input type="checkbox"/>
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Please enter your child's details below:

First name

Last name

Date of Birth

Email address

Telephone number

Postcode

Local Authority

CYP Case ID

Please enter your name and contact details.

Parent or carer's first name

Parent or carer's last name

Parent or carer's email address (if different from above)

Parent or carer's signature (enter initials if you can't sign on device)

