



## Parental Consent Form: Decision Making Study

Please complete this form after you have read the information sheet and/or listened to an explanation about the study. This study is conducted by Professor Sarah-Jayne Blakemore ([s.blakemore@ucl.ac.uk](mailto:s.blakemore@ucl.ac.uk), 020 7679 1131) and Cait Griffin ([cait.griffin@ucl.ac.uk](mailto:cait.griffin@ucl.ac.uk), 020 7679 5498)

This study has been approved by the UCL Research Ethics Committee [3453/001]:

The UCL data protection officer can be contacted at [pals.data.protection@ucl.ac.uk](mailto:pals.data.protection@ucl.ac.uk).

**I confirm that I understand that by ticking each box below I am consenting to this element of the study. I understand that it will be assumed that unticked boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that my child may be deemed ineligible for the study.**

		Tick Box
1.	*I confirm that I have read and <b>understood the Information Sheet</b> for the above study. I have had an opportunity to consider the information and what will be expected of my child. I have also had the opportunity to ask questions which have been answered to my satisfaction	
2.	*I consent to the processing of my child's personal information (and any information collected as part of this project) for the purposes explained to me and my child. I understand that such information will be handled in accordance with all applicable data protection legislation.	
3.	*I understand that all <b>personal information will remain confidential</b> and that all efforts will be made to ensure my child cannot be identified.  I understand that my child's data gathered in this study will be stored anonymously and securely. It will not be possible to identify my child in any publications.	
4.	*I understand that my child's information may be subject to review by responsible individuals from the University College London for monitoring and audit purposes.	
5.	*I understand that my child's participation is voluntary and that they are free to withdraw at any time without giving a reason.	
6.	I understand the potential risks of participating and the support that will be available to my child should they become distressed during the course of the research. [No risks are expected for this study.]	
7.	I understand the benefits of participating as stated in the Information Sheet.	
8.	I understand that my child's data will <b>not be made available to any commercial organisations</b> .	
9.	I understand that my child will be compensated financially for the time spent in the study if they or I choose to withdraw their participation.	
10.	I understand that the information my child has provided will be non-identifiable in publications and any publications will be made available to me and my child through the lab website.	
11.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	

12.	I hereby confirm that:  (a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and  (b) My child does not fall under the exclusion criteria.	
13.	I am aware of whom I should contact if I wish to discuss any aspect of the study.	
14.	I voluntarily agree for my child to take part in this study.	
15.	I understand that the data provided in this study will be archived at UCL for 10 years in accordance to General Data Protection Regulation.	
16.	I understand that other authenticated researchers will have access to my child's <b>fully anonymised</b> data.	
17.	I agree that my child's <b>fully anonymised</b> research data may be used by others for future research.	

**If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.**

Yes, I would be happy to be contacted in this way.	
No, I would not like to be contacted.	

\_\_\_\_\_  
Name of parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE WRITE IN CAPITAL LETTERS**

**Child's name:** .....

**Child's school:** .....

**Child's gender:**..... **Child's year group:** .....

**Child's date of birth (DD/MM/YYYY):** .....

**Child's first language:** .....

**Child's ethnicity (please circle):**

Bangladeshi / Chinese / Indian / Pakistani / Asian-Other

Black-African / Black-British / Black-Other / White-British / White-Other

Mixed (please state):

Other (please state):

**Child's special educational needs, if any (please circle):**

ADHD / Autism / Dyscalculia / Dyslexia / Epilepsy

Other (please state) .....

**Mother's highest education attainment (please circle):**

O-level or GCSE / AS or A-level / Undergraduate (e.g. BSc) / Postgraduate (e.g. MSc, PhD) /

N/A

**Father's highest education attainment (please circle):**

O-level or GCSE / AS or A-level / Undergraduate (e.g. BSc) / Postgraduate (e.g. MSc, PhD) /

N/A