**IMPORTANT INFORMATION**



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**Study Title**

**This Informed Consent Form has two parts:**

* **Information Sheet (contains information about the study)**
* **Certificate of Consent (this is where you sign if you agree for your child to participate)**

**PART 1: Information sheet**

My name is XY, and I am *[a postgraduate/undergraduate/PhD student]* at the School of Psychology, University of Aberdeen working under the supervision of Dr *XY*. I am conducting a research study to examine *[XY – one informative sentence].* We have given information about the study to your child in class and he/she has expressed interest in participating, therefore we are writing to seek your permission to let your child take part. Before you decide you need to understand why the research is being done and what it would involve for your child. Please read the following information carefully.

*My supervisor and I have PVG certificates* and experience working with children and teenagers.

Thank you for your time!

# What is the purpose of the study?

*[explain study in one short paragraph and in lay terms – aim for a maximum of about 150 words and point out why it is important]*

**Why has my child been invited?**

We are conducting this study with children/ teenagers who are your child’s age, between *XY and XZ* years old.

**Is my child eligible to participate?**

Please note that your child will not be able to take part in the study if he/she has *{ adjust as this depends on your specific study – examples provided}* a) certain health conditions *(e.g., cardiovascular disease, obesity, chronic medical, mental or physical illness)* as *provide short justification*, b) special education needs (e.g., dyslexia) as *provide short justification*, c) anxiety of public speaking and maths *provide short justification*.

**Does my child have to take part?**

This study is not part of any school assessment. Study participation is entirely voluntary and there are no adverse consequences for not taking part or withdrawing from the study at any time. It is up to you and your child to decide.

**What will happen to my child if he/she takes part?**

All materials used in our study are standardised and commonly used in research on children and adolescents. The study will take around *XY* school hour to complete. This is the procedure:

1. Before the start of the experiment, we will ask for your child’s written/ verbal assent. He/she will be asked to complete *XY (tell task/questionnaire etc.).*
2. Afterwards, he/she will *[explain task in detail – could be your experiment here – make sure to include a bullet point for each task]*.
3. …

**What are the possible benefits of taking part?**

The results of this study will increase our understanding of *XY*. Your child will have a unique opportunity to learn more about science and research. As a participant, your child can experience the study first-hand. At the end of the study, the experimenter will tell your child more about the background of the study, your child can ask the experimenter anything regarding the design, method and expected results of the study.

**What are the possible disadvantages and/or risks in taking part?**

*[mention any potential risks, reiterate if materials are standard materials used in children and teenagers, if there are no anticipated risks, point this out too]*

**What if there is a problem?**

If you have any concerns about this study, please contact us, the researchers. We will do our best to answer your questions. If you prefer to discuss any concerns or complaints about the study with someone who is not part of the research team, you can contact our current Head of the School of Psychology Ethics Committee: *[name and title]* (please find all contact details in the last section).

**Will my child taking part in the study be kept anonymous?** {Example for anonymous collection}

Any data collected from your child is completely anonymous. Anonymity will be achieved by assigning a random number to all study materials instead of recording data under the name or other identifiers. In accordance with the Data Protection Act, the data may be retained indefinitely. All data will be stored securely (i.e., password protected if in an electronic format; in a locked drawer if in a hard copy format) at the University of Aberdeen.

Once stored, there is no way of identifying or tracing any details back to your child. Thus, data can only be deleted right after study completion (once your child has left the research setting this will no longer be possible). An increasing number of scientific journals now requires that researchers make their data available for inspection or other researchers who are not in this research study may require the data for secondary analysis. Should such a request be made for data gathered in the present study, only fully anonymised data would be released. As for the signed consent forms, they will be separated from any data collected and stored in a locked office at the University of Aberdeen for 3 years after the conclusion of the study, after which they will be destroyed.

**What will happen if my child doesn’t carry on with the study?**

Your child will be free to withdraw from the study at any time during the testing without providing a reason. In this case, all the information and data collected from your child will be destroyed.

**What will happen to the results of the research study?**

After study completion, we will send the participating schools and the Aberdeen City Council a short summary of the main findings. If you are interested in a copy, please provide your email address at the end of the consent form.

We will also offer to give a short presentation on the findings to any interested staff, parents/guardians and students after study completion. We will also share the results with other researchers by publishing the study in a scientific journal and attending scientific conferences.

**Who is organising and/or funding the research?**

University of Aberdeen, School of Psychology

**Ethical** **review of the study**

The project has been reviewed by the University of Aberdeen, School of Psychology Ethics Committee on *[date and approval number]* and by Aberdeen City Council on xx/xx/xx.

**Contact for Further information**

If you have any questions, please do not hesitate to contact us.

* Lead Supervisor

*Name and Job Title*

*Email address*

*phone*

*website:*

* Researcher

*Name/ title / email address*

* Head of Ethics Committee
* *Name and Job Title*
* *Email address*
* *phone*
* *website:*

**PART 2: Consent Form**

I agree to let my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ take part in the research study conducted by *XY* in the School of Psychology, University of Aberdeen under the supervision of *XY*

Please put a tick (√ ) in each box to show that you agree with each of the corresponding statements.

|  |  |
| --- | --- |
|  | I understand that my child will complete *[mention the task]*. |
|  | In addition, my child will be asked to *XY [list each task separately]* |
|  | Lastly, my child will be asked to fill out questionnaires about *XY [delete or insert as needed]* |
|  | At the end of the experiment, my child will learn more about the purpose of the study. The whole experiment will last around *[insert time]* |
|  | I understand that my child’s participation in this study is entirely voluntary and that he/she can withdraw from the study at any time during the testing without giving a reason and without any effects on his/her school record. |
|  | I understand that all data of my child will be stored anonymously *[change for confidential data collection]* which means that there is no way to identify or delete the data from my child once the testing has been completed. The data may be retained indefinitely. Electronic data will be held on a password protected secure server and all paper-based information will be stored in a locked office at the University of Aberdeen. |
|  | I understand that to ensure access to the data for the wider research community, the anonymous dataset may be archived in an online repository (e.g., the Open Science Framework, <https://osf.io/>) or send to other researchers upon request for inspection. |
|  | I understand that this consent form will be separated from any data collected and stored in a locked office at the University of Aberdeen for 3 years after the conclusion of the study, after which they will be destroyed. |
|  | I have read all the above information. I have had my questions answered and know that I can ask questions later if I have them. |

Only if you consent:

Print name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/month/year)

Please provide your email address if you are interested in a copy of the summary of the results:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please RETURN this slip to the school within a week of receiving this form.**