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# FACULTY OF EDUCATION AND HEALTH SCIENCES RESeARCH ETHICS COMMITTEE (EHSREC)

# PARENTAL/CARER ethical CONSENT

**Title of Study: ADD HERE**

* I have read and understood the parent/carer information sheet.
* I understand what the study is about, and what my child’s results will be used for.
* I understand where the research will be carried out.
* I understand that my child’s name will not appear on any research data from this study.
* I give permission that my child’s data can be used anonymously in report format and published output (e.g. journal publication).
* I am fully aware of all of the procedures involving my child, and of any risks and benefits associated with the study.
* I know that my child’s participation is voluntary and that I can withdraw my child’s participation in the study at any stage without giving any reason.
* I have read and understand the contents of the Research Privacy Notice.

This study involves audio/video recording. Please tick the appropriate box

* I am aware that my child’s participation in this study will be audio recorded and I agree to this. However, should I or my child feel uncomfortable at any time I/my child can ask that the recording equipment be switched off. I am entitled to an anonymised summary of the focus group if I or my child want to review it. I am fully informed as to what will happen to these recordings once the study is finished.
* I do not agree to my child being audio/video recorded in this study.

After considering the above statements, I consent to my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) involvement in this research project.

Name of child: (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/carer: (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_