Participant ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(To be completed by researcher)

**Map My Food Study Online Interviews**

**CONSENT FORM -** For completion by parent

###  Please initial

###  the box

 **(e.g. T. R)**

1. I confirm that I have read and understand the information sheet (version 3.0, dated 12/08/20) for the Map My Food Study Online Interviews. I have had the opportunity to consider the information and ask questions via email
2. I agree for my adolescent to take part in this study
3. I understand that my adolescent’s participation is voluntary and that I am free to withdraw their participation at any time, without giving a reason
4. I understand that data collected during the study will only be used for ethically approved health research
5. I give permission for my adolescent to take part in an online interview, either as part of a group or on a one-to-one basis
6. I give permission for the interview to be recorded
7. I give permission for my adolescent’s unidentifiable data to be included in a final dataset that may be shared with other researchers for studies about health and wellbeing
8. I give permission to be contacted about my adolescent’s participation in the follow-up phase of this study

Parent/carer email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[These details will only be used for the purpose of this research]

|  |  |
| --- | --- |
| Adolescent’s first name: | Adolescent’s surname: |

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

Name of Parent Signature Date