

**NVR Parent Participation Project**

**Participant Consent Form**

**If you agree with the following statements, please sign with your initials.**

I have read and understood the information sheet and have had the chance to ask questions. \_\_\_\_\_

I have been given a copy of the information sheet to keep. \_\_\_\_

I agree to take part in this project. \_\_\_\_

I agree for my data to be used by the NVR group. \_\_\_\_

I agree for my data to be used by future researchers. \_\_\_\_\_

I understand that my participation is voluntary, and I can change my mind at any time, and I don’t have to give a reason. \_\_\_\_

I understand that if I withdraw it may not be possible to remove my data once my personal information is no longer linked to the data. \_\_\_\_

I have been reassured that whatever I decide will not impact on my ongoing participation in the NVR programme and ongoing NVR support. \_\_\_\_\_

I have been told how confidentiality will be safeguarded. \_\_\_\_\_

I understand that my personal information collected about me such as my name, will not be shared beyond the NVR group. \_\_\_\_

I have been told that all my data will be kept securely in accordance with the Data Protection Act 2018. \_\_\_\_\_\_

Name of Participant

Signature

Date

Name of NVR South Practitioner

Signature

Date