**CONSENT FORM – LAB PHASE**

**Study title**: The effect of parental indirect and direct expressions of anxiety on infant behavioural, emotional and physiological reactions

**Researchers names**: Francesca Zecchinato, Ruth Webster

**ERGO number**: 53477

**Please initial the box(es) if you agree with the statement(s):**

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| I have read and understood the Participant Information Sheet [Version 8] and have had the opportunity to ask questions about the study. |  |
| I agree to take part in the **laboratory phase** of this research project with my infant and I agree for our data to be used for the purpose of this study. |  |
| I understand our participation is voluntary and we may withdraw at any time, for any reason, without our participation rights being affected. I understand that if we withdraw from the study early we will still receive travel expenses reimbursement (up to £30) for our travel to and from the university but we will not receive the £20 Amazon voucher. |  |
| I understand that the personal information collected about my infant and me will not be shared beyond the study team and will be stored separately and securely on a password-protected computer, except in the circumstances described in the Participant Information Sheet [Version 8]. |  |
| I understand that taking part in the study involves the recording of the heart rate of my baby and that the experimental task will be video recorded. The data will be analysed for the purposes set out in the Participant Information Sheet [Version 8]. |  |
| I understand that the latest date I can withdraw my data from the study is **7 days** after completing the laboratory visit; after this time the research team will have started coding and analysing the data. |  |
| I understand that video recordings will be stored securely for 10 years on the University server with a password-protected access limited to the research team and that I can withdraw my consent to the storage of the original video footages anytime within the 10 years by contacting the research team (f.zecchinato@soton.ac.uk), as stated in the Participant Information Sheet [Version 8]. |  |
| I agree that if the researchers are concerned about my health or wellbeing, in accordance with the British Psychological Society Code of Ethics and Conduct, they may contact my General Practitioner (GP) to share their concern. |  |

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| Do you consent to be contacted in the future for opportunities to take part in research or for a follow up of this study? If so, the School of Psychology will store your contact information for 3 years.  *Note* that, regardless of your answer, you can still take part in the current research project and that, even if you provide your consent for contact for future research studies now, you can still change your mind in the future and withdraw your consent at any time by emailing the research team (f.zecchinato@soton.ac.uk). | **YES** | **NO** |
| *If* ***YES****, please type your name:* | | |