**Agreement to take part in the project**

Please tick the boxes to confirm that you agree with the sentences. Please then take a photo of the form to email to Chloe.

**Child agreement**

**Parent agreement**

|  |  |
| --- | --- |
|  | ✓ |
| I have been told about the project and I know what I have to do. |  |
| I know I can ask questions about the project. |  |
| I understand that I do not have to take part, and that I can stop if I want to. |  |
| I understand that we will take photos of my body map to send to Chloe which she will show people when she talks about the project. If I decide I don't want other people to see my body map I can say so. |  |
| I understand that we will record my voice when we talk about the project and Chloe will write down some of the thing I say in her work. If I want to, I can write or type instead of talking about it. |  |

Your name (print name):

Your signature:

Date:

|  |  |
| --- | --- |
|  | ✓ |
| I have read and understood the project information sheet [dated 10th July 2020, v1.0] |  |
| I agree for my son / daughter to take part in this project and for the information they give [their ‘data’] to be used only for this project I agree to take part in the project myself and for my data to be used only for this project |  |
| I know that we do not have to take part if we do not want to and that we can stop taking part up to December 31st 2020 without giving a reason. |  |
| I know that our names will not be used in anything that is written about the project. |  |
| I understand that photos of the body map my child produces during the study will be shown when Chloe talks or write about this project but that identifying features will be covered. |  |
| I understand that I or my child may be quoted directly in reports of the research but that we will not be directly identified - pseudonyms will used. |  |

Your name (print name):

Your signature:

Date: