**CONSENT FORM**

**Study Title**: Working with parents and children to understand the challenges and successes of integrating asylum seeking populations into school communities.

**Ethics/ERGO number: 79547**

**Version and date:** V1.0 – 5.2.24

Thank you for your interest in you and your child taking part in this project. It is very important to us to conduct our studies in line with ethics principles, and this Consent Form asks you to confirm if you agree for you and your child to take part in the above project. Please carefully consider the statements below and add your initials and signature only if you agree to you both participating in this research and understand what this will mean for you and your child.

**Please add your initials to the boxes below if you agree with the statements:**

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| --- | --- |
| **Mandatory Consent Statements**  | **Parent/guardian Initials**  |
| I confirm that I read the Participant Information Sheet (version 1, dated 5.2.24) explaining the project above and I understand what is expected of me and my child. |  |
| I was given the opportunity to consider the information, ask questions about the study, and all my questions have been answered to my satisfaction. |  |
| I agree for me and my child take part in this project and understand that data collected during this research project will be used for the purpose of this study. |  |
| I understand that both my participation and my child’s participation is voluntary and that we are free to withdraw from this project at any time without giving a reason. |  |

**Additional Statements - please add your initials in the boxes below you to agree to:**

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| **Additional Consent Statements**  | **Parent/guardian Initials** |
| I understand that taking part in this study involves audio recording. I am happy for our conversation audio recorded and understand that the audio recording will be deleted immediately once transcription is completed. |  |
| I understand that all personal information collected about me and my child (e.g., my name and contact details) will be kept confidential (i.e., will not be shared beyond the study team) unless required by law or relevant regulations (e.g., for the purpose of monitoring the safety of this study). |  |
| I understand that my anonymised data collected during this study will be archived in a data repository so that it can be used for future research and learning. |  |
| I understand that we may create a representation of our story (e.g., an AI generated image) that will be shared anonymously in the write up of the project.  |  |
| I understand that if we withdraw from the project, it may not be possible to remove our data once our personal information is no longer linked to the study data. I understand that I can withdraw our individual information from the use in this project until 1st May 2024. |  |
| I understand that my contact details will be retained by [CHARITY NAME] so that we can be invited back to discuss the findings with the other participants. I can choose if I want to attend this final feedback meeting or not.  |  |

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| Name of child | Signature  | Date |
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| Name of parent  | Signature | Date |