**OPT-IN CONSENT FORM: Year 10 Parents**

**Study Title**: Safety in Schools: Exploring boys’ views about their own and girls’ safety.

**Ethics/ERGO number:** 90843

**Version and date:** Version 3 05/06/24

Thank you for your interest in this study. 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 your child to take part in the above study. Please carefully consider the statements below and add your initials and signature only if you agree to your child’s participation in this research.

**Please add your initials to the boxes below if you agree with the statements and would like to opt-in to the study:**

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| **Mandatory Consent Statements** | **Parent**  **Initials** |
| I confirm that I read the Parent Information Sheet Year 10 version 3, dated05.06.24explaining the study above and I understand what would be expected of 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 to my child taking part in this study and understand that data collected during this research project will be used for the purpose of this study. |  |
| I understand that my child’s participation is voluntary and that they are free to withdraw from this study at any time up to the point of transcription without giving a reason. |  |
| I understand that my child’s confidentiality and anonymity cannot be guaranteed in focus groups but that any information collected by the researcher will be kept confidential (unless it needs to be disclosed by law), and that participants will be asked to keep the discussions confidential. |  |
| I understand that my child will be asked to anonymously provide information on their ethnicity, sexual orientation and gender but that they do not have to if they do not want to. |  |
| I understand that the focus group discussion will be recorded. A transcript will be made of the recording, but all names will be changed to protect my personal data and that of other participants. The audio file will be destroyed after the transcript is made. |  |
| I understand that anonymous data from this study may be used in future research. |  |
| I understand that if my child withdraws from the study, it may not be possible to remove my data once their personal information is no longer linked to the study data. |  |
| I understand that my child can withdraw their data from the use in this study within a month following my participation. |  |

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

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| Name of person taking consent | Signature | Date |