PARENT CONSENT FORM

(Version Number 7, 09/03/20)

**Study title**: Fearing the Unknown: An investigation into Intolerance of Uncertainty amongst children with Night Time Fears

**Researcher names**: David Keep, Professor Matt Garner, Dr Julie Hadwin, Dr Denis Golm

**Ethics number:** 47287

Please initial the box(es) if you agree with the sentences below:

|  |  |  |
| --- | --- | --- |
| I have read and understood the parent information sheet (09/03/20; Version 6) and have had the opportunity to ask questions about the study.  I agree to take part in this research project and agree for my data to be used for the purpose of this study.  I give consent for my child/dependant to take part in this study and agree for his/her data to be used for the purpose of this study. |  | |
| I understand that mine and my child’s/dependant’s data will be stored safely to keep it private. |  | |
| I understand that I and my child’s/dependant’s results from the study remain anonymous and will not identify individual participants. |  | |
| I understand that me and my child/dependant can change our mind or decide to stop taking part in the study at any time, without needing to give a reason. I will have 6 weeks to withdraw my own data and my child/dependant’s data if I choose too. |  | |
|  |  |

Your name (print name): ……………………………………………...

Your email address: ……………………………………………

Your child’s/dependants name: ………………………………………

Today’s Date: ……………………………………………...

Signature ……………………………………………