**CONSENT FORM**

(Version Number 4, 01/10/19)

**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 information sheet (30/09/19; Version 4) 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 understand that my data will be stored safely to keep it private. |  | |
| I understand that my participation will remain anonymous, and that results from the study will not identify individual participants. |  | |
| I understand that I can change my mind or decide to stop taking part in the study at any time, without needing to give a reason. I understand I will have 6 weeks after the study to withdraw my data if I choose too. |  | |
|  |  |

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

Today’s Date: ……………………………………………...

Signature …………………………………………