**Parent/Guardian Consent Form\***

**[Title of Project]**

[Researcher contact details]

This agreement is made in regard to the recorded interview(s) which took place on [date].

In consideration of my child’s or the vulnerable adult’s in my legal charge’s (named below) participation in the research and other valuable consideration provided by the De Montfort University (“**University**”), I declare the following:

***Declaration:***

* I confirm that I have read and understood the participant information sheet for this study
* I have had the opportunity to ask questions if necessary and have had these answered satisfactorily
* I understand that my child or the vulnerable adult’s participation is voluntary and that at any time, we are free to withdraw without giving any reason
* If I withdraw, my child or the vulnerable adult’s data will be removed from the study and will be destroyed
* I understand that De Montfort University Ethics Committee has reviewed and approved this study
* I give permission to the University and those authorised by the University to take images of and/or record my child or the vulnerable adult in my legal charge for the above project and/or video/film and/or sound recording (“**Recordings**”)
* I grant to the University the right and right to authorise others to make the Recordings available across all platforms and in all media (in whole or in part, transcribed or otherwise) in perpetuity throughout the world for educational, research, commercial and promotional purposes at the University, such uses include but not limited to print and online publication and broadcast
* I agree to my child or the vulnerable adult taking part in the above study and recording, and hereby assign to the University all copyright in my contribution for use in all work resulting from this project and future projects
* I agree that my child or the vulnerable adult data managed, stored and archived at the University in accordance with the UK Data Protection Act 1998 <http://www.dmu.ac.uk/research/research-support/research-data-management.aspx>, and that the University may store electronically the information and Recordings outside the European Economic Area (EEA)
* I understand that **my child or the vulnerable adult in my legal charge’s responses will be kept strictly confidential**, that **all their personal and sensitive data will be anonymised in any reports or publication** and **their name will not be identified in any reports or publication**
* I understand that sensitive personal data may be collected during this interview. This may include information relating to race or ethnic origin, political opinions, religious beliefs, physical/mental health, trade union membership, sexual life or criminal activities
* I understand that the research will be written up as a [dissertation/thesis] by [name]
* I give permission to other researchers and regulatory authorities to have access to my child or the vulnerable adult in my legal charge’s data in relevant future research
* I understand how to raise any concerns or complaints about this study
* I am aware that there are no compensation arrangements
* I will inform the researcher should our contact details change
* This consent form shall be governed in all respects by English law and the English courts

***\* Parental/Legal Guardian permission and consent is required for:***

***A “child” – a person under the age of 18;***

***A “vulnerable adult” – a person aged 18 or over whose ability to protect him/herself form neglect, abuse or violence is significantly impaired on account of disability, illness or otherwise.***

***Name, signature and date:***

Name of child/vulnerable adult………………………………Date……………………………… Signature…………………………..

Name of parent/guardian……………………………………..Date……………………………… Signature…………………………..

Postal address/phone/email

*A copy of the signed and dated consent form and the participant information leaflet should be given to the participant and retained by the researcher to be kept securely on file.*