

Institute of Health and Society

Newcastle University

Baddiley-Clark Building

Richardson Road

Newcastle Upon Tyne

9 November 2011

Dear Parent,

I am writing to you about a research study that is being carried out by Newcastle University and your child's High School. The study is investigating whether young people would benefit from receiving advice during school time about their drinking behaviour. The researchers are trying to find out whether this advice may help with reducing the harm caused by alcohol to young people.

During this study all pupils in Year 10 will be asked to complete a written questionnaire and may be invited to take part in a subsequent advice session about alcohol during school time. The questionnaire will explore smoking, sexual health and general attitudes towards health in addition to alcohol use.

Please find enclosed a copy of the Participant Information Sheet, which provides further details about the study, as well as contact details for the research team if you would like further information. Please read this carefully and take time to consider if you would like your child to take part in the study. You may like to discuss taking part with family or friends before you make up your mind.

If you would like your child to take part in the study, then you don't need to take any action. The research team will be working with the school to arrange a time for the research to be carried out.

If you would prefer your child **not to** take part in this study or be contacted by the study team, please return the attached 'opt-out' slip in the stamped addressed envelope provided within two weeks of the date of this letter. You will not be contacted about this study again.

Yours Sincerely



Dr Dorothy Newbury-Birch

SIPS JR-HIGH



Parental Consent Form



To be completed by a parent or guardian who **DOES NOT AGREE** to their child taking part in the SIPS JR-HIGH Young People and Alcohol study at their child's school.

Please
Tick
Box

Name of Researchers: Stephanie O'Neil and Dr Dorothy Newbury-Birch

1. I confirm that I have read and understand the participant information leaflet dated 10/08/2011 (version 1) for the above study and have had the opportunity to ask questions.
2. I **DO NOT** wish my child to take part in the above study

Please use BLOCK CAPITALS

Your name

Child's full name

Child's school

Signature of parent / guardian

Date