

SIPS JR-HIGH



Participant Consent Form



Please read each of the following statements and tick the box if you agree with the statement. If you have ticked all of the boxes please sign and date the form.

Please
Tick
Box

1. I confirm that I have read the participant information leaflet dated 21/10/2011 (version 2) for the above study.
2. I confirm that I have had the opportunity to ask any questions about the study and any questions I have asked have been answered to my satisfaction.
3. I understand that taking part is voluntary and that I'm free to change my mind at any time without giving any reason and without my education, services from school and legal rights being affected.
4. I understand that data from my school records may be looked at by members of the research team if it is relevant to my taking part in this research.
5. I understand that any data created from this study will be held in a locked filing cabinet for ten years after which the data will be destroyed. All data collected will be anonymous and kept confidential, and only members of the research team will have access to this data.
6. ***I agree to take part in the above study. I am aware that a copy of this consent form will be provided to me for my records.***

Name of Participant

Date

Signature

Name of Witness

Date

Signature