University of Brighton

Participant Consent Form (Parent)

Title of Project: Kita Evaluation
Name of Researcher:

	Please initial or tick box
I have read and understood the information sheet for the above study and have had the opportunity to consider the information and ask questions.	
I understand the purpose, principles and procedures of the study and any possible risks involved.	
I am aware that my child may be required to take part in a focus group discussion or be in a class that is observed by researchers	
I understand that my child's participation is voluntary and that they are free to withdraw from the study within two weeks of data collection without giving a reason and without incurring consequences from doing so.	
I understand how the data collected from my child will be used, and that any confidential information will normally be seen only by the researchers and will not be revealed to anyone else.	
I agree for my child to take part in the above study.	

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Name of Parent, Date, Signature

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Name of Researcher, Date, Signature