



## Co-parent Consent Form

### Enhancing Social-Emotional Health and Wellbeing in the Early Years (The E-SEE Project)

Please initial the boxes if you agree with the following statements:

I have read the information sheet (Version 4, 26/01/17) for this study and had the opportunity to ask questions, which have been answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving reason and my withdrawal will not affect my access to any current or future health or family services.

I understand that, if already included in the analysis or archived, my data may be retained by the research team and used for the study even if I decide I no longer want to take part.

I understand that the data collected in the study about me will be anonymised, stored securely and destroyed according to Medical Research Council best research practice guidelines; and I give my permission for this.

I understand that the information/data collected during the study about me will be accessed by members of the research team at the universities of York, Sheffield and Exeter.

I understand that relevant sections of my data collected during the study, may be looked at by individuals from the E-SEE project, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

I understand that the anonymised data collected in the E-SEE study about me may be used to support other research in the future, and may be shared with other researchers for comparison studies; and I give my permission for this.

I understand E-SEE researchers may wish to re-contact me in the future about this project; I give my permission for them to do so.

I understand that if I am in a group receiving the Incredible Years I may be asked to participate in a two-hour focus group or interview with a researcher; and I give permission to be invited to this group/interview.

I consent to take part in this study.

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**Name of participant:** **Date:** **Signature:**

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**Name of person obtaining consent:** **Date:** **Signature:**

**Interpreter Statement (if applicable)** I have interpreted the above information to the participant to the best of my ability in a way which I believe the participant has understood.

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**Print Name** **Date:** **Signature:**

Once completed: 1 copy of the consent form is retained by the participant; 1 copy of the consent form is stored in the researchers' site file (York).