



(Study ID:)

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 5, dated 09/05/17) for this study and had the opportunity to ask questions, which have been answered satisfactorily.

I understand that my participation, and that of my child, 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, or my child's, access to any current or future health or family services.

I understand that, if already included in the analysis or archived, mine and my child's 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 and my child 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 and my child will be accessed by members of the research team at the universities of York, Sheffield and Exeter.

I understand that the anonymised data collected in the E-SEE study about me and my child 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 that researchers working on the E-SEE project wish to film me interacting with my child for three minutes; and I give my permission for this.

I understand that researchers working on the E-SEE project wish to access our medical records in 12-18 months (parent primary care, and linkage to secondary care hospital records). Information held and managed by NHS Digital and other central UK NHS bodies may be used in order to provide this information. I understand that my name, postcode, date of birth and NHS number will be shared with NHS Digital and I give my permission for this;

For me,

And for my child

I understand that relevant sections of my medical notes and 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 E-SEE researchers may wish to re-contact me in the future about this project; and 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.

Name of participant:

Date:

Signature:

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.

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).