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Version 3, 26/10/15
 Ethical Approval Number: 15/WA/0178
 (Study ID:)

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 3, 26/10/15) 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 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 with a researcher; and I give permission to be invited to this group

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: